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## Original Communications.

ARTICLE I.—*Typhoid Fever—Collation of* 112 *Cases.* By WILL. T. T. MONTGOMERY, M.D., Chicago.

I have endeavored, in the following paper, to present what has seemed to me to be points of most interest from a record of 112 cases of typhoid fever. These cases were treated during the months of September, October and November, 1872, in Cook County Hospital, in the service of Drs. Joseph P. Ross and Henry M. Lyman, attending physicians, and during my service as resident physician of that hospital. It is through the kindness of the attending physicians that I am enabled to present this report, and whatever of credit or merit attaches to the treatment of these cases belongs to these gentlemen.

I need not remind members of this Society who were practicing in the city in the fall of 1872, that there was an unusual prevalence of typhoid fever here at that time, but I think the number of cases admitted into the charity hospitals at that time was unusually large in proportion to the whole number of cases in the city, and the reasons are obvious.

*First.* While *epidemics* of typhoid are not common in Chicago, *cases* are not uncommon. Indeed, rarely a month passes that does not present a greater or less number.

*Second.* It is an established fact, that persons going from the country, or portions of it where typhoid fever is not endemic, into a place where it is endemic, are much more susceptible to the influence of the typhoid poison. In other words, the system becomes accommodated to the poison by being with it.

*Third.* A large number of the cases seeking admission into the charity hospitals are recent arrivals in the city.

*Fourth.* In the spring and summer of 1872 Chicago had an unprecedented ingathering of men from all parts of the country to engage in the great work of rebuilding the city.

I mention these as being to me the most prominent reasons why the proportion of cases in hospital was unusually large in the fall of 1872. It is not my purpose, in presenting this paper, to enter into a general discussion of the subject of typhoid fever, but to make a brief statement of the most marked symptoms, complications and sequelæ met with in these cases, notice the importance of each, and call attention to the treatment adopted. We will first give an epitome of these, and then take up each separately and dispose of it.

*Symptoms.* In the 112 cases, epistaxis occurred in 23; diarrhœa in 77; constipation in 10; rose spots in 50; blue spots in 2. In all of the cases particular attention was given to the temperature, pulse, and respirations.

*Complications.* Delirium occurred in 49; deafness in 11; softening of the cornea in 1; parotitis in 3; intestinal hemorrhage in 3; peritonitis in 2.

*Sequelæ.* Right hemiplegia, with aphasia, occurred in 1; œdema of left lower extremity in 3; died, 20.

We will next consider each of these separately.

*Epistaxis.* This, you will remember, occurred in 23 of 112 cases. In 20 of the 23, the epistaxis occurred in the first week, and in 3 in the third week of the disease. When it occurs in the first week, epistaxis is a symptom of much diagnostic importance; especially is this true when it occurs in a patient complaining of headache. Almost all of the 112 cases who were able to tell how their sickness began, stated that they first began to have headache

or pain in the head; and those who had nose-bleed almost invariably expressed relief from the headache after the bleeding. From the almost uniform presence of headache and flushed face in the early stage of typhoid fever, there seems to be a passive congestion of the brain and whole head, and the hemorrhage occurs from a rupture of the vessels of the schniderian membrane from over-distension. Though epistaxis often recurs repeatedly in the first week of the fever (in some of the cases we have recorded, as often as five or six times daily), it is not apt to be abundant, and seldom if ever calls for treatment. It is different when it occurs in the second or third week. It is then due to an acute hemorrhagic diathesis, and may require special treatment. Though the hemorrhage was not excessive in either of the three cases we observed, the fever was very severe, and two of the cases were fatal.

*Diarrhœa.* This is the most constant symptom in typhoid fever except the increase of temperature, but it is not usually one of the earliest symptoms, and taken alone is of little importance in point of diagnosis. The character and odor of the discharges are of importance, and when they present that badly cooked pea-soup appearance and that peculiar odor, more easily recognized than described, are pathognomonic. The diarrhœa is due to the catarrhal inflammation, said to be specific, which so universally affects the mucous surfaces in typhoid fever. We may moderate it by treatment but we cannot check it entirely, and it is not desirable if we could, for it is the experience of all, I believe, that a lax condition of the bowels is most favorable in this disease.

We have stated that diarrhœa was present in 77 of the 112 cases. It was present in this number in a degree to call for treatment, and in 25 more the bowels were free. As a rule, treatment was not resorted to where there were not more than four or five stools daily. The remedies first given were, olei terebinth and tincture opii in emulsion, the formula generally used being: Olei terebinth, dr. j; Tr. opii, dr. j; emuls. ad oz. j and dr. j doses three or four times daily. This emulsion controlled the diarrhœa in nearly all the cases. Argenti nitratis, cupri sulph., or some other astringent, was resorted to in a few cases.

*Constipation.* We have placed this along with symptoms, from lack of a better place for it. In exceptional cases, constipation

is present in typhoid fever. It was present in 10 of the 112, but in no case was it obstinate. It readily yielded to mild treatment, but it was necessary to repeat the laxative a number of times in each case. The cases in which it occurred were mostly mild, but it was observed that when the bowels were allowed to go unmoved over three days, there was a slight increase of the temperature and an aggravation of other symptoms. If the constipation continued longer than this, a small dose of castor oil was given, and if this did not act, an injection was ordered; no case required more than this, and usually the oil was sufficient.

*Rose Spots.* These were observed in 50 of the cases under consideration, and possibly occurred in a larger proportion, as there was a goodly number of the 112 that did not come under observation until the third or fourth week of the disease, late enough for the rash to have been present and disappeared. This eruption has been given a wide range of importance by different observers, some making it *the* characteristic of typhoid fever, others barely mentioning it as a symptom. Perhaps this diversity of opinion has mainly arisen from the varying proportion of cases in which it is present in different epidemics and in different places. Trousseau says: "In some localities, as at Paris, the spots are found with sufficient constancy to justify our looking out for them as the most obvious pathognomonic sign, but there are other places in which attentive observers have never been able to see them." Flint observed the rash in 49 of 73 cases, but says that he has observed the spots in other diseases. If all do not admit that this eruption is peculiar to typhoid, I believe none deny that it is a sign of much diagnostic importance.

In the 50 of the 112 cases in which the spots were present, in four the rash began to appear the first week, 38 in the second week, and eight in the third week of the disease. The earliest it was observed to appear was on the fifth day, the latest on the eighteenth; in the greatest number of cases on the twelfth day. The duration of the rash was not noted, and it was not observed that it bore any relation to the severity of the disease. It was present in a number of the mildest cases and absent in many of the severest. Of the 20 fatal cases, it was only observed in 7, but as the majority of these were admitted late in the disease, it might have been present in a greater number of them. Successive

crops of these spots have been observed to appear in the same patient Trousseau relates a case in which there were three separate eruptions. This reappearance of the rash was not observed in any of the 50.

*Blue Spots.* These were only found in two cases, and I am inclined to think are, in epidemics in this country, of more interest as a rarity than importance as a sign. Trousseau speaks of the blue spots as not uncommon, but he had only observed them in very mild cases. In both cases we observed the spots appeared about the tenth day and ran a course in every way similar to the rose rash. One of the cases was mild, but the other was quite severe. I am not aware that these spots are ever found in any but typhoid cases. In the eruption we observed, there was no elevation of the surface, but simply spots of a pale blue color appearing beneath the cuticle, irregular in outline and varying in size from a three to a ten cent piece.

*Temperature.* Increase of temperature is the only symptom present in every case of typhoid fever, and we believe its rise and course are pathognomonic of the disease. When we are unable, in the first two weeks of the fever, to make a diagnosis from other symptoms, a few observations with the thermometer will enable us to say positively whether we have a case of typhoid or not.

Thierfelder first called attention to the use of the thermometer in this disease, but Wunderlich, by his many observations and valuable deductions, has done more than any other man to bring it prominently before the profession. We have tabulated twenty-four cases, which will show at a glance the record of the pulse, temperature and respirations in each. The record in each case was not run entirely through to convalescence, but in a number only continued until the acme was passed. We will let the table speak for itself. Perhaps we cannot more forcibly present the importance of the thermometer, as a means of diagnosis in this disease, than by relating the following history: C. P.. aged 17 years; servant; Dane: admitted into hospital November 16, 1872. The patient was unable to speak English, but through an interpreter we learned that she arrived from her native country six weeks previous, and that she had had good health up to that time. About the time she landed in this country she began to cough, and this had continued more or less ever since, but she was able to be up

until two days before. This was all we were able to learn of her previous history. On examination we found the patient in good flesh—intellect clear; face flushed; skin hot and dry; tongue slightly coated, white, and a little dry; appetite poor, but not much thirst; bowels regular; abdomen a little full, and tender on pressure; gurgling in right iliac fossa. Cough is not severe, but the patient expectorates considerable purulent matter; marked dullness over upper half of right lung; cavernous murmur in right infraclavicular region. Of course, it was decided that the patient had phthisis, and was not this sufficient to account for all her symptoms so far? Surely there was nothing thus far to warrant us in saying she had typhoid fever also. True, she had a little fullness and tenderness of the abdomen, and gurgling in the right iliac fossa, but these we may get in diarrhœa of phthisis, and, besides this, typhoid fever rarely occurs in consumptives. A record of the temperature was kept, which may be seen by reference to the table, case 15, and from this alone a positive diagnosis of typhoid fever was made, and Dr. Ross presented the patient at his clinic for the purpose of speaking of the complication.

The case ran along through a severe course of the fever without much change in the pulmonary trouble, but as soon as she began to convalesce from the fever, the tubercle rapidly increased, and January 21, 1873, the patient died. A post-mortem examination showed the right lung almost gone, and the left stuffed with tubercle. There was no tubercular disease of Peyer's patches, but there were cicatrices, which showed unmistakable evidence of recent extensive typhoid lesions. We can scarcely conceive of a case presenting stronger evidence in favor of the thermometer in diagnosis than does this case. But where we found the thermometer most practically useful was in distinguishing between remittent and typhoid fevers. I believe it is often utterly impossible, in the early stages of these fevers, to distinguish between them without the use of the thermometer, and I believe, too, that many cases of remittent are called typhoid, and that the wondrous success of some physicians in the treatment of typhoid is thus explained. For the purpose of showing the contrast in the course of the temperature of these two fevers, we have tabulated a few cases of remittent also. It will be seen from this, that while the morning temperature is usually the highest, there is no uniformity in

its course. It seldom continues above 103° over forty-eight hours, and when the remission occurs the fall is sudden, as also the rise if the exacerbation returns. To further illustrate the course of the temperature in the two diseases, we have drawn the following diagram (diagram omitted for want of space) from case 1 of the remittent and case 13 of the typhoid cases.

The thermometer is not alone useful as an aid in diagnosis in typhoid fever; it is of equally as much importance in prognosis. It will be observed, by reference to the table of typhoid cases, that the deductions to be drawn agree in the main with those of Wunderlich. The temperature rises gradually during the first week, and continues much the same into the third week, when, in favorable cases, morning remissions begin to occur; and from the middle of this week the evening temperature begins to descend also. From a lack of early observation, we were unable to fully verify what Wunderlich states to be a rule, that the temperature rises two degrees toward evening and falls one degree before next morning; but of this we have no doubt, and have drawn our diagram to accord with it. With reference to the diagnosis, Wunderlich says, when the temperature rises to 104° by the first or second day of the attack, the disease is not typhoid fever; and when, by the evening of the fourth day, the temperature has not reached 103°, the disease is not typhoid. As regards prognosis, the more important deductions are:

*First.* If the temperature does not rise above 105° during the second week, and begins to decline by the beginning of the third week, the prognosis is favorable.

*Second.* When the temperature rises above 106°, and is maintained as high as 105° into the third week, the prognosis is very unfavorable.

*Third.* If the temperature rises as high as 107°, the case is almost surely fatal. In six of the cases we observed, the temperature rose as high as 107°, and not one of the six recovered.

*Fourth.* Marked irregularities occurring during the second week demand attention.

*Fifth.* Convalescence is not completely established until the evening temperature has reached the normal standard.

As in this disease the greatest danger is from the severity of the fever, the reduction of the temperature becomes an important

consideration. According to Niemeyer, the excessive bodily heat produces death by causing paralysis of the heart, and a high temperature, long continued, produces death by consuming the body of the patient. Numerous means have been resorted to for the purpose of reducing the temperature in this disease, but we will only mention those used in the cases under consideration.

In all of these cases, iced and acidulated drinks were allowed freely, and the sponge-bath was ordered twice daily when the fever was high. These were not only grateful to the patients, but had a decided influence in reducing the temperature.

Quinine was administered in a number of cases, with the effect apparently of lowering the temperature. This effect was most marked in cases which, in the second week of the disease, had a difference of as much as 3° in the morning and evening temperature—say 103° in the morning and 106° in the evening. We did not observe so great a difference in but few cases, and are inclined to think it was due to a malarial element. Any way, quinine in gr. v doses three times daily seemed to lessen the evening rise.

The cold bath was only resorted to in two cases, and in neither of these until the temperature had reached 107°. The patients with this temperature were put in the bath at 90°, and kept in fifteen minutes, during which time the bath was lowered to 80°. The temperature of the patient in each case was reduced 6° by the first bath, and the delirium was quieted for a time. The bath was repeated a number of times with similar results, but both cases terminated fatally about the end of the second week. While the bath did not save these desperate cases, it is certainly a very efficient means of reducing the temperature, and, it seems to us, is preferable to packing in wet sheets.

The pulse and respirations, though not of so much importance as the temperature in this disease, are of sufficient importance to demand recording. It will be seen by referring to the table that both bear some relation to the temperature, but do not run so uniform a course. The pulse is the best guide for the use of stimulants, and the rule was, in the treatment of these cases, to begin to stimulate as soon as the pulse became soft and compressible. A pulse of 120 is about as unfavorable as a temperature of 106°, and of 130 as a temperature of 107°.

The respirations are of most value in indicating the severity of the bronchial catarrh so often present in this disease.

*Complications—Delirium.* This we have said was present in 49 of the 112 cases. It is usually most marked in severe cases, and may arise at any time in the course of the fever, and it may take on any form, from the low muttering to the very violent.

As delirium rapidly exhausts the patient, it is of the utmost importance to control it if possible. Sir Wm. Gull says that it is due to *irritation* of the brain, and not, as some have imagined, to inflammation, and that the one great remedy for this irritation is alcohol. Irritation is doubtless the cause of the delirium, but we did not observe any benefit from the use of alcohol in this complication, though it was administered in the majority of the cases. The great remedy in the treatment of delirium and sleeplessness in these cases was the hydrate of chloral.

Not all of the cases in which delirium occurred needed special treatment, but a number who had no delirium were unable to sleep. Chloral was administered in forty-eight cases, in which one or the other of these were present, and in only five cases did it fail to quiet and produce sleep. It was ordered in gr. xv doses every fifteen minutes, beginning at bed-time, and continuing until sleep was produced or three doses were taken. If the first batch failed, as it sometimes did, after a few hours it was repeated again. No bad effect was observed from its use in this way, and, as we have said, there were only five complete failures. The sleep usually continued from three to six hours. In the worst cases the delirium returned with waking, but was less violent each succeeding time the treatment was given. Before the three-dose rule was adopted, one patient was given the fourth dose, when he fell into a heavy sleep, which lasted nearly twenty-four hours, but he finally roused up and went on to a rapid recovery. From the experience we have had with this remedy, we have no hesitancy in saying that there is *no medicine* used in the treatment of typhoid fever that we would not sooner give up than hydrate of chloral.

*Deafness.* This, as we have said, was present in eleven cases. It usually appears in the second week of the fever, and when it occurs on both sides, is probably produced by a propagation of the typhous catarrh to the eustachian tube and cavity of the tympanum. This complication does not usually require any special

treatment, and has been mostly spoken of with reference to its prognostic import, though its significance has been very differently regarded. Trousseau regards deafness on both sides as favorable, but when on one side, as unfavorable. In all of the cases in which we observed deafness, the fever was very severe, and three of the cases were fatal. In one case which recovered, there was suppuration of the middle ear and perforation of the membrane of the tympanum; but this and similar cases I believe to be the result of a genuine inflammation, and, when detected, should have the same treatment as an ordinary acute inflammation under other circumstances. When it occurs in severe cases of fever, as was this case, the inflammation may not be suspected until its results are seen; but if the patient is sensible of pain, we are pretty sure to learn of it as soon as it presents. If it is discovered early, local blood-letting, or a continuous stream of warm water directed into the external meatus, will often arrest it. This trouble should certainly never be neglected when it is discovered. In all of the other cases which recovered, the hearing was perfectly restored when convalescence was complete.

*Softening of the Cornea.* This is not peculiar to typhoid fever, and only occurred in one of these cases. It results principally, if not entirely, from the constant exposure of the eye to the air through want of power to wink or close the eye while sleeping. Trousseau, acting upon this supposition, introduced the very simple but efficient treatment of mechanically closing the eyes. In this case the lids were closed by means of adhesive strips, and the cornea very soon cleared up. If this complication is neglected, rapid destruction of the eye may result, but certainly so common-sense an item of treatment will not be forgotten.

*Parotitis* occurred in three cases. This complication has generally been regarded as a very grave one. In the three cases it came on in the fourth week of the fever, and, in two of them, both glands were involved, and suppurated. Both of these recovered, but the other, in which one gland was involved, was fatal. The treatment was, early poulticing, and anodynes sufficient to control the pain. As soon as fluctuation was detected, a free opening was made, and though the discharge was free, it did not continue longer than from an ordinary abscess. In the two cases which

recovered, convalescence was not delayed beyond the usual time of severe cases of typhoid fever.

*Intestinal hemorrhage* occurred in three cases. Though this has generally been regarded as a grave complication, the two greatest clinical teachers, Graves and Trousseau, have regarded it otherwise. They have even expressed the opinion that it is usually of favorable augury. All three of the cases we observed were fatal. In two, the hemorrhage occurred in the third week of the fever, and was the direct cause of death. One of these did not have any escape of blood, externally, but suddenly went into collapse and died. A *post-mortem* examination showed a large quantity of blood in the colon and lower portion of the ileum. It was found that the hemorrhage had resulted from an erosion of vessels, caused by the separation of a slough from a small but deep ulcer about two feet above the ileo-cæcal valve. The other of these two cases lost a large-sized chamberful of blood during the twenty-four hours preceding death. A number of styptics were administered, but did not arrest the hemorrhage until, finally, the fluid extract of ergot in dr. ss. doses every half hour was ordered, and the bleeding soon ceased. In the third case, the hemorrhage first occurred in the second week, and kept recurring at intervals until the death of the patient on the thirty-fifth day. The obstinacy of friends prevented any autopsy of either this or the preceding case.

*Peritonitis* occurred in two cases, though perforation did not occur in either. One of these cases presented peritonitis for a week or more before death, which occurred in the sixth week of the fever. On opening the abdomen, in the autopsy of this case, the intestines were found to be quite firmly attached to each other at a number of points, and, in one point, to the peritoneum lining the right iliac fossa. On making slight traction, a number of these patches of attachment separated, leaving openings in the intestines from one-half to three-quarters of an inch in diameter. There was no obstruction of the bowels, and the patient died of exhaustion after the inflammation had subsided. The other patient died in the fifth week of the fever, but did not present any symptoms of peritonitis until a few hours before death. On opening the abdomen of this case, the whole peritoneal surface presented a congested appearance, which was very marked in the

region of the spleen. This organ was very large, and presented an almost gangrenous appearance. The peritoneal cavity contained about half a pint of bloody serum. Extensive ulcerations of Peyer's patches and the solitary glands were found, also considerable enlargement of the mesenteric glands. The treatment was, opium sufficient to control pain, and the turpentine emulsions three or four times daily, with turpentine stupes to the abdomen.

*Sequelæ.* Of these we have only noticed two, though others of less interest occurred. Right hemiplegia, with aphasia, was met with in one case, and we mention it because it was of considerable interest to us. It occurred in an intelligent patient on the twenty-first day of a severe attack of fever. The patient had begun to improve, but on this day had a severe chill, which lasted three or four hours. By means of stimulants and artificial heat a reaction was finally brought about, but when the chill had passed off the patient's right side was paralyzed, and he was unable to speak, though he evidently knew what was said to him, and tried to speak. In a few days the patient began to move the extremities a little, and answer *yes* to everything said to him. He remained in the hospital until the fifty-fourth day from the attack of fever, and had gradually added to his vocabulary until he could speak short sentences intelligently. The paralysis had improved very much, but the patient was yet unable to walk. Of course, the paralysis and aphasia were most probably caused by an embolus plugging an artery in the left hemisphere of the cerebrum. In addition to tonics and nutritious diet, the patient was ordered a solution of the iodide of potassium and bichloride of mercury, on the theory that these remedies favor absorption.

*Œdema of Left Lower Extremity.* Dropsy or œdema of some part of the body is not an uncommon sequel of typhoid fever, but was only met with in three of these cases, and in all three occurred in the left lower extremity. In each case the œdema came on in a similar manner after convalescence appeared to be established. The patients first complained of severe pain in the left groin, but after a day or two the whole extremity became more or less painful, and began to swell. When the œdema became excessive, as it did in each case, the limb presented an appearance very similar to that of phlegmasia dolens. The cause of the œdema was doubtless plugging of the femoral veins by thromboses. Its

occurrence in the left extremity in each case was perhaps a coincidence. The only special treatment consisted in elevating the limb and enveloping it in cotton and oil-silk. Two of the cases were under observation for a number of weeks, and though the œdema had subsided very much, there was still considerable swelling and stiffness when the patients were lost sight of.

*Mortality.* This, according to different authors, varies from one death in twenty to one in four. Of the 112 cases twenty were fatal, or, one death in five and three-fifth cases. Of the twenty fatal cases, six were moribund on admission, and died a few hours afterward. All of these were severe cases, and had reached the third week of the disease. I do not know that I will have a better opportunity than at this point to enter a protest against the *inhumanity of removing typhoid fever patients after they have reached this stage of this disease.* I do not remember an instance in which a severe case of typhoid was brought into the hospital in the third or fourth week, and recovered. Patients that have advanced so far in the disease, even though it be severe, and the scale seems to waver between life and death, usually recover with proper care. But let them be bundled into an express wagon, or an ambulance even, and driven from one to four miles, and it is very evident which way the scale will turn. They might just as well be knocked on the head and taken to the dead-house direct, so far as results are concerned. Common humanity certainly demands that these patients be provided for where they are found, that they may have, at least, a chance for their lives.

Of the fourteen remaining fatal cases, only six were uncomplicated. All of these died between the twelfth and seventeenth days.

The average duration of the disease, in all of the fatal cases, was about twenty-three days. In the cases which recovered, the average duration was thirty-two days.

Of the whole number of cases, ninety-four were males and eighteen females, and of the fatal cases, sixteen were males and four females.

A word in conclusion with regard to general treatment and diet. As soon as the diagnosis of typhoid fever was made, the patient was put upon the following solution :

R. Potassæ Chloratis, - - - - dr. ij.
Acidi Muriatici, dil., - - - oz. ss.
Syrupi Simplex, - - - - - oz. j. ss.
Aquæ, - - - - - - - oz. iv.
M. S. Tablespoonful every three hours in water.

This was continued until the severity of the fever was past, and in mild cases no other medicine was given. When patients began to need stimulants they were first ordered milk punch or wine whey, and if this was not sufficient, the following solution was ordered:

R. Strychniæ Sulphatis, - - - - gr. j.
Acidi Nitrici, - - - - - dr. j.
Syrupi Simplex,
Aquæ, - - - - - - *aa* oz. ij.
M. S. Teaspoonful once in six hours.

When active stimulation was demanded, a solution of quinine and whisky, gr. ij to the oz. j was ordered in oz. ss. doses as often as required. The patients were kept as quiet as possible, and strict attention was paid to cleanliness. It was made the imperative duty of the nurses to empty all discharges as soon as passed, and disinfectants—carbolic acid, chloride of lime and bromine—were used freely. There was not a single case of typhoid fever developed in the hospital during the treatment of these cases, though they were mixed in promiscuously with other patients. I believe that the thorough cleanliness and disinfection account for it.

Owing to the crowded condition of the hospital, one of the most important agents in the treatment of the disease—*pure air*—was deficient. Each patient only had between 700 and 900 cubic feet of space, not more than half as much as they ought to have had. The diet, though nourishing, was strictly fluid. Beef-tea, milk, broth and soups were given in abundance and as regularly as medicines. This diet was continued until the evening temperature had returned to the normal standard.

ARTICLE II.—*A Case of Vesico-Vaginal Fistula.* By J. E. O'BRIEN, M.D., Scranton, Pa.

Mrs. O'H——, of Dunmore, Pa. began to suffer from incontinence of urine two weeks subsequent to a severe and protracted labor. On examination I found the cause to be a rent in the bladder, situated about the centre of the vesico-vaginal septum, and of a size sufficient to admit readily the index finger. Of course every drop of urine dribbled through it, producing the usual symptoms, which always render life miserable to these sufferers. I waited a month for the patient to get well over the effects of parturition, and on July 14th made the operation, as follows: One assistant (Dr. Fisher) held the speculum, one administered anæsthetics, and a third attended to sponges. Having pared the edges of the fistule, I introduced six silver sutures, and then considered whether I should use Sims' or Bozeman's method of fastening them. Being prepared to use either method, I chose the former, for the following reasons, which I have taken pains to analyze and arrange as a contribution to the study of this subject:

1. Sims' method is simpler.

2. It reveals to sight and touch the condition of each stitch, and permits full control of its tension, so that after twisting all the wires the surgeon can tighten (or loosen) some which will probably require such adjustment.

3. It permits inspection and treatment of the wound throughout the after treatment of the case.

4. It permits the consistency of the cicatrix to be tested by sight and touch before removal of the stitches, and after removal of each stitch; so that

5. Alternate stitches may be removed, or one stitch a day, which may sometimes be a prudent precaution, as it is in hare-lip and in cleft palate.

The removal of one stitch may reveal the necessity for retaining the others, which can be done in Sims' method.

On the other hand, Bozeman's method is

1. A little more difficult, keeping the patient longer under ether; it is too nice a point to require each hole in the leaden shield to correspond exactly with each wire.

2. It hides the condition of the stitches, even before they are tightened, and places a leaden shield between their tension and our knowledge of it.

3. It hides the wound from sight and treatment. (It is said also to protect it from the secretions, but I think syringing quite as effectual, especially if facilitated by the use of Sims' speculum.) As to supporting the wound, which the shield is said to do, there would seem to be some doubt of its utility, while there can be no doubt that the suspension of a piece of lead by the stitches increases their tension.

4. It hides the consistency of the cicatrix from sight and touch, until control of it is partially resigned.

5. It compels disturbance of all the stitches in removing any of them.

I admit that all these points of difference are slight, but they may be considered sufficient to turn the scale of preference until larger statistics declare more positively on the subject.

As between the methods of Sims and Bozeman, I find by reference to a few authorities at hand, that Gross declares in favor of Sims' method, except, perhaps, in vesico-uterine and urethro-vaginal cases; so does Emmet. Thomas is non-commital, praising both. Hamilton seems to prefer Bozeman's method. Gardner, in a note to his translation of Scanzoni, expresses decided preference for Sims'.

In conclusion, it is only fair to say that Dr. Bozeman deserves the very greatest credit for his great success in treating every form of fistule. In looking over his monograph I am deeply impressed with the importance of his labors in vesico-uterine and other complications.

It may be interesting here to note the success of Simon, of Heidelberg (see Thomas' work) with silk sutures, which success would undoubtedly be greater with silver wire, especially in large fistulæ.

The shields or splints of Simpson, Baker Brown, Agnew, Baltey, *et al.*, are no doubt inferior to Dr. Bozeman's.

My patient was kept constipated for two weeks. Finding the cicatrix firm, I removed all the sutures on the eighth day, and removed the catheter on the twelfth, when the patient urinated *per vias naturales*. She got up on the fourteenth day, and remains perfectly cured.

She passed some sand through the fistula before the operation, and the catheter was almost filled with phosphatic deposit afterwards, but this symptom gave no further trouble.

This operation requires less light than is needed for incision of the cervix uteri, which I have made after Sims' method.

There is a slight defect in most of the tenaculi made for uterine surgery; they are bent at nearly a right angle, which should be more acute to prevent slipping.

HISTORY.

"For centuries, steady, persevering and systematic efforts have been made to render this revolting malady curable."—(Thomas.) "Velpeau, in 1839, thus speaks of cure of these fistulæ: 'To abrade the borders of an opening, when we do not know where to grasp them; to shut it up by means of needles or thread, when we have no point apparently to secure them; to act upon a movable partition placed between two cavities, hidden from our sight, and upon which we can scarcely find any purchase, seems to be calculated to have no other result than to cause unnecessary suffering to the patient.' Vidal de Cassis says: 'I do not believe that there exists in the science of surgery a well authenticated, complete cure of vesico-vaginal fistula.'"—(Thomas.)

There were, no doubt, occasional cures in exceptional and fortunate cases from the time when Ambrose Pare described the disease in the sixteenth century until our day; yet Druitt's Surgery (1848) dismisses this operation in two lines, and recommends a rubber bag to catch the urine. The elements of success may have been discovered, but were not yet combined and utilized.

Later still (1861), Gardner, referring to his translation of Scanzoni, says: "In the foregoing dissertation upon urinary fistulæ, the author evidently shows that in his opinion (and he represents German, if not European knowledge,) there is little hope for the poor woman suffering from a severe form of this disease; and the statistics of European surgery—little reliable as some of them are—support this view. We say 'little reliable,' for many of these surgeons claim success where it does not exist. The operations of these great surgeons are public; the *results* private."

Dr. Valentine Mott stated in public (Report of First Anniversary of the N. Y. Woman's Hospital, 1856): "I was present when eight cases were operated upon—seven by Jobert and one by

Roux, two of the most distinguished surgeons in Europe—*and all of them failed.*"

Honor, then, to American genius, which has by the labors of Marion Sims especially, and of Bozeman, Emmet and others, combined the essentials to success in this operation, and which has made cure the rule instead of the exception.

I know of no case in which the transition from misery to health and comfort is more marked than in the patient who is cured of vesico-vaginal fistula.

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ARTICLE III.—"*Infants and their Food.*" *The Reviews—Summary.*

We are not disposed to extend reviews with the author of the paper above named, much less personal retorts, at the expense of the valuable space of the CHICAGO MEDICAL JOURNAL, the readers of which, and not ourselves, are the proper judges of both his paper and our review; but we cannot help wishing to add a little to that already written. We will endeavor to be brief, and therefore much that might be said, will be left unsaid. It is an axiom that writers and teachers should give their readers and pupils credit for some degree of common sense. It is not always necessary to point out in detail the connecting links between a self-evident or commonly accepted truth, and conclusions nearly related to it. Ideas are not necessarily true because of age or general acceptance, yet, having these should entitle them to a certain degree of respect, and those who would set them aside should not complain if they meet with sharp resistance. Conservatism and radicalism are ever distinctive, and at variance; sometimes one is in the right, sometimes the other. Error should be uprooted, while truth must stand. Human milk has formed the standard of infant food for about 6,000 years; and the idea exists and has always existed, of its being the only true standard. According to this idea all substitutes should come as near the standard as possible in point of actual composition and relative proportions. By the light of chemistry what is lacking in cows' milk, judged by this standard? *positively*, two elements. 1. *water*; in

proportion to the whole of the solids, about twenty parts in 1,000, or two per cent.; in proportion to the nitrogenous element, the casein, and the salts, a much greater lack exists. 2. Of *sugar*, there is wanting in comparative proportion, 20 per cent. or more. There are in *excess* in cows' milk, of salts, nearly 200 per cent., *i. e.*, in the ratio of six or seven to two parts in 1000.

*Relatively* there comes in for consideration the proportion of butter; it may be deficient or in excess, according to circumstances, when used. The butter of milk not being chemically dissolved, but simply held in suspension, rapidly rises, hence the last of the milking is richer than the first, and milk poured from the top of a vessel in which it has stood but for an hour, will contain butter in excess.

Of the positive deficiencies one is a drink and the other a food, equally necessary. Does the infant thirst, milk supplies it; does it hunger, milk feeds it; if it thirst, and the standard proportion of water is lacking, it gets too much *food* in supplying its thirst, and indigestion results. If the second positive lack is not supplied, a proximate principle is deficient, and somewhere the system suffers. These are commonly accepted opinions (or more properly facts) that seem to us so plain, and so well and simply founded in common observation and common sense, as to require no long-threaded web of argument to sustain them. Are these truths? If so, did the author's paper, entitled "Infants and their Food" go with or run counter to them? We think the latter. The general object of the article, apparently, was to demonstrate if possible, first, that what we know to be lacking in the substituted food should not be added at all, because injurious when given in *excess;* secondly, of that element which might be deficient, or might be in excess, he would invariably make an addition, and that not advisedly in its own form, but in that of an agent or agents wholly foreign to the milk.

On page 141 he describes, and on the next advises the use of this "formula:" one dram of cod-liver, or oil of sweet almonds, to every three ounces of milk, being an ounce of oil to every three pints. Will the JOURNAL please allow us to restate his chief propositions? On page 132, after quoting a sensible paragraph from Wells' Chem., and flatly disputing it, he proceeds to make the following statements as a basis for further remarks:

1. "By the addition of water no dilution of casein takes place."

2. "It is not physiological to give food in a highly diluted form."

3. "The digestion and assimilation of casein is not assisted by the addition of sugar." (Who says it is, or gives it for that purpose?)

4. "It is the addition of oil that will make the artificial food a healthy substitute for the mother's milk."

In support of these propositions he writes at considerable length, and brings forward many statements by authorities, true enough in themselves, but (as we think) having no relation to such practice as he would have us follow. We have no doubt equally as much learning might be displayed in attempting to prove that black is white.

No. 1, we think we disproved fully in review, page 286; he virtually confesses its error in his review, page 462.

No. 2. Under some circumstances this is true, and others not, as the medical reader will see at a glance. Is not milk itself, with its nearly 900 parts of water, food in a highly diluted form?

No. 3, received due notice on page 287, review.

No. 4, we think has been sufficiently answered in our review, and the present paper.

These four propositions constituted the text of the author's paper, which if already proved unsound, makes it unnecessary to follow him step by step in statements and quotations mainly irrelevant.

As to whether we have or have not fully disproved his chief positions, as to whether HIS observations and inferences regarding the experiments, or *ours* were correct, is for the intelligent reader to determine.

*The review of the review.* As an exhibition of repartee this does very well, but we think he fails to touch the chief arguments of the review.

On page 462 we are accused, first, of being an old acquaintance; second, of having sore eyes; thirdly, we are quoted from with an interpolated parenthesis in this wise: "We add a *little water* (our own)" etc. Which?

Page 463 consists principally of quotations from Carpenter,

Dalton and others, going mainly to show that "drinks are immediately absorbed or otherwise disposed of," from which we are at a loss to see the proof of the author's anti-diluent theories; and further, that "a degree of solidity" (of food) is necessary to the operation of gastric juice. Does this go to show that the ordinary casein precipitate—always spongy—is too nearly solid for gastric action?

He next *admits* that he has "no objection to a little sugar, if the author pleases." That pleases us. He next asks: "Does the reviewer assert, upon his own experience, that craving sugar is a *natural* appetite?" We most assuredly do. That the appetite for saccharine substances is almost universal, strongest in children, and more particularly noticeable in cold weather, we do verily believe. "What has he to say against the assertion that children may have polyphagia and pica?" We don't know why he should assume that we are defender of morbid appetite and gluttony. The most unkind cut, however, is where water is accused of making a *cowardly retreat* from casein. Oh, what a pity water runs! But consider it *en masse*, friend. Read the concluding stanzas of "Childe Harold." Pages 464–5 are principally taken up with what authorities say about the consequence of sugar taken in *excessive* quantity, and a very wordy attempt to confuse a plain statement relating to simple redness of the mucous surface as an inflammatory indication. Then he intimates that we live in a small town, and we do think he might have spared us that; we are *so* sensitive on the point. (Not Low Point, for it is not low.)

We like his comparison as to the "knocking down," being pleased that he recognized his supineness, as further evidenced by his strenuous efforts to pick himself up.

After quoting at length from Chambers, pages 466–7, we are asked what we have to say to him ("hymn"). A good man, and we have no doubt a good singer.

We willingly join in the chorus when he sings in the praise of fat. Does the author suppose Dr. Chambers ever dreamed of composing such a dirge as "this formula of ours," page 142? Mark you, the royal food spoken of was butter and *honey!* The Hindoo laborer, whose expression is "as good ghee," is said first to devour his gallon of what? *Rice, starch, sugar.* It might have

been added, that he also consumes large amounts of the product of his native *sugar cane.*

In conclusion. The author's inferential diagnosis of "calcified heart" has not disturbed our rest. The questions we have been considering are those of fact, that have an important practical bearing upon matters of life and health, and we are not so sympathetic as to accept new theories without criticism, for fear an author will not feel himself flattered. Personally, we disclaim a disposition "to pluck the credit from honest endeavor," being ever ready to accept new ideas when not inconsistent with established facts. The author ought not to presume that we have any but kindly feelings toward himself.

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ARTICLE IV.—*Thoughts suggested by a perusal of Dr. J. S. Whitmire's Paper on Criminal Abortion, published in Journal for July*, 1874. By GEO. W. EMERY, M.D.

That the subject of criminal abortion should command the attention of profession and public, is unquestionably true. The alarming increase of the evil must be combatted, and we should endeavor to stir and agitate the public mind to not only a knowledge of the condition and state of facts, but to remedies therefor.

Dr. W. has in his article in question surveyed one of the sides of this picture to the utter neglect of the other. He commences by remarking on the general tendency to this crime, and that abortion may be produced by many different causes, telling elaborately of the *modus operandi*. The doctor, like many others who have written on this subject, informs us of the existence of law to suppress the sale of the advertised nostrums of the day, but fails to inform us of any efforts on his part to enforce the law. I would remind him of the axiom that "example is better than precept." Have we not, as a profession, enough moralizing on the nature and diagnosis of this *society criminal plague*, and has not the *modus operandi* of this crime, so often detailed by the secular and religious press, become a matter of household knowledge, until we may almost fear that it is not improper to modify Pope, (as far as this subject is concerned,)

'That seen so oft, familiar with his face,
We now endure, and pity, and embrace."

I hope we may in the future have more thought directed to the treatment of this crime, and with this aim in view, would now suggest some thoughts tending in this direction, and divide these into—

1st. The reason for the failure of the laws already enacted.

2nd. Methods which, in the writer's judgment, may assist in decreasing or limiting the evil.

One principal cause for want of enforcement of the law, in my judgment, is found in the fact that an attempt usually involves so great a loss of time and expense, with (if proven) such doubtful results as to just punishment. (See the action of the jury in recent case of Earll, the murderer, for an utter failure of an adequate punishment for the crime committed.) Can any honest, candid mind read with composure the fact printed and sent broadcast throughout the land, that a part of that jury argued the want of crime in the act of that *lecherous thug*. If those men spoke the honest conviction of their hearts, and I have heard many expressions earnestly and sincerely made of a similar nature, then we should first educate the people as a mass to the science of the nineteenth century, in the fact that abortions at any period after the discovery of pregnancy (except in necessary cases, and then not till after medical counsel,) is murder.

I care not what the common law calls it, that is what must be applied to this act by candid investigators of the subject. As another reason for this failure, I believe the aiders and abettors in this class of crime are not properly punished. Where is he who, after causing the trouble, assisted in and winked at the murder of Rosetta Jackson? Also those persons in whose house the unfortunate but principal actor offered up her life as the sacrifice? I say, where are they? and how much less criminal is that barber than was Earll? With what zeal did they who induced with lucre this vampire to the crime, attempt to smother the villainy, and how easily were they permitted to return to the comforts of social life. May we not ask, is this justice and equity? Compare it with other classes of criminal transgressions; are not the accomplices held guilty and punished with the perpetrators? This leads me to the second division of my subject, viz., the consideration of

methods to prevent this crime. I feel that this will not be accomplished, while this crime is recorded on our statute books by the gentle appellation of a high misdemeanor. Let us, as a profession, urge an alteration in this term, and have the act classed where it belongs, viz., with capital crime, and the penalty thereto attached.

In order to arrest the sale of the nostrums whose sole object is to assist in this nefarious work, I would suggest that the wholesale drug houses be subjected to inspection, and all remedies of this class confiscated, and that the expense for the time and trouble, with costs of suit, be also assessed against any house guilty of such sale. This would effectually cut off the supply of this class of remedies from the country drug stores.

In conclusion, I would suggest that the aiders and abettors in this crime should be subjected to severe penalty, and thus taught that they cannot induce a crime, and having by perjury and other means attempted to cover it, walk off rubbing their hands in glee, to think that they may always have a scapegoat and victim for a sacrifice in the medical scoundrel who thus debases his profession.

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## Progress in Medical Sciences.

ARTICLE I.—*Progress in Obstetrics and Gynæcology.* By A. REEVES JACKSON, M.D., Lecturer on Diseases of Women, Rush Medical College, Chicago.

1. On the Treatment of Chronic Vaginitis. By Dr. HARRISON. (*Obstetrical Jour. of Great Britain and Ireland*, July, 1874; *Virginia Medical Monthly*, July, 1874.)

2. The Treatment of Amenorrhœa by Galvanization of the Endometrium. By Dr. JAMES J. WHITTAKER, (*The Clinic*, July 25, 1874.)

3. Cauterization of the Uterus. By Dr. WM. A. GILLESPIE. (*Virginia Medical Monthly*, August, 1874.)

4. Chloral Hydrate as an Anæsthetic During Labor. By U. S. PLAYFAIR, M.D. (*London Lancet*, Feb. 21, 1874.)

5. The Normal Temperature, Pulse and Respiration of Puerperal Women. By Dr. G. W. LINN. (*Philadelphia Medical Times*, May 9, 1874.)

1. Dr. Harrison speaks in terms of praise of the following method of treating chronic vaginitis: In obstinate cases, and especially where the touch reveals a thickened and roughened condition of the vaginal walls, it is idle to waste time with weak solutions of alum, sulphate of zinc, nitrate of silver, tannin suppositories, etc. We must proceed at once to the use of the stronger caustics—either chromic acid or the solid nitrate of silver. If chromic acid is used, it should be diluted with an equal quantity of water, and the walls of the vagina having been exposed by a speculum, a thorough application should be made to the diseased surface.* A piece of cotton, saturated with glycerine, having a string attached to facilitate its removal, is then introduced into the vagina, and should be removed by the patient the next morning. Copious injections of flaxseed tea, at a temperature of 98° F., should be used two or three times daily. Hot water injections should also be used morning and evening. The nitrate of silver is preferably used in stick. It causes a good deal of pain for two or three hours; wnen excessive, a solution of common salt must be thrown into the vagina. A glycerine dressing should be introduced after its use, as after the chromic acid.

After the immediate effects of the cauterization have disappeared—and in the case of chromic acid it may require a week—one of Sims' glass dilators, such as he uses after his operation for vaginismus, is introduced, and the patient directed to wear it continuously. It should be dipped in warm water and then in glycerine, before being introduced. In obstinate cases, simple cauterization will disappoint our expectations, but if succeeded by the use of the glass dilator, the worst cases will yield sooner or later; unless, indeed, the disease depend upon incurable constitutional affections.

The favorable action of the dilator is threefold. In the first place, by keeping the inflamed walls of the vagina apart, rest is secured; secondly, with the distension of the vaginal walls, compression is exercised upon their blood vessels, and hyperæmia is moderated; and, thirdly, the pressure upon the hyper-plastic tissue

* [The application of chromic acid, nitrate of silver, or, indeed, any caustic, to an inflamed mucous surface, will be found much more efficient if the part be previously thoroughly cleansed with a solution of chloride of sodium, followed with warm water. J.]

causes its atrophy. The size of the dilator must be adapted to the requirements of the individual case, for it is possible to put in such a tight-fitting vaginal plug as to cause sloughing. It should be kept in position by a T bandage. After the glass dilator has been used a week or more, a marked improvement will be apparent. If the cauterization has to be repeated, it should be followed by flaxseed tea and glycerine dressings for several days before using the dilator. The length of time during which the dilator should be worn will depend upon the gravity of the affection. A few weeks may suffice, or it may require months to effect our purpose.

Of course it is essential to study the causes which have led to the local disease; for if the latter is combined with chronic endometritis, displacement of the womb, or if it be due to chlorosis, treatment must be primarily directed to these affections.

It is hardly necessary to add that, while local treatment is in progress, attention should be given to a proper regulation of the diet, tonics administered when required, especially iron in cases of anemia. The patient, if a married woman, should live *absque marito* until a restoration to health occurs.

2. Dr. Whittaker relates an interesting case of a young lady twenty-two years of age, who had never menstruated, although the uterus and mammæ were well developed, and whose general health was excellent, being only interrupted at irregular intervals by headache and abdominal pains. The case was treated with iron, cod-liver oil, quinine, and the entire list of emmenagogues, in conjunction with proper food, exercise, and the most favorable hygienic influences. The foregoing means having failed, the galvanic current was used for three months, one pole being placed over the sacrum and the other over the pubes. Trial was next made of the faradic current, three times a week for four weeks, the sessions being each five minutes in duration. These failed, and six months elapsed before treatment was again instituted. Then the uterus was alternately subjected to galvanization and faradization, after the manner of Golding Bird; one pole tipped with a gilt ball being held at the os uteri, while the other was depressed over the fundus uteri on the abdominal surface. This was continued two months, during the last two weeks of which

time the ball electrode was replaced by a sound-shaped pole, which was inserted into the cervix up to the internal os. Currents of different degrees of intensity, and currents in different directions, were used, but all were alike of no avail. Another interval of four weeks without treatment elapsed. The patient was then induced to allow one more trial. A fine, gold-pointed electrode was inserted directly into the cavity of the uterus, and the other (positive) pole applied over the fundus uteri. An interrupted current from twelve cups was used. The second application was followed by a faint "show." The treatment was faithfully continued for another month without further result, when it was finally discontinued. A short time after (the author does not say how long) the patient presented herself with the joyful intelligence that her menses had appeared and lasted three days. No further history of the case was given.

3. There are a good many ways of cauterizing the uterus, and Dr. Gillespie calls attention to still another expedient, which he characterizes as a "simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body." It is as follows:

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver, which will sink into and adhere to the wax. Then, through a suitable speculum, carry the prepared tent through the cervix, and, if desirable, to the fundus, and let it remain twenty-four hours. The author states that no remedy, in his hands, has done so much good in so short a time, in chronic inflammatory engorgement or ulceration of the os and cervix uteri, and he has never known any unpleasant results from it.

4. In a lecture recently delivered by Dr. Playfair, he stated that chloroform as an anæsthetic during labor has a tendency to do more than is desired; that while it lessens the pain, it at the same time lessens the strength of the uterine contractions, thus prolonging the labor. He likewise objects to its use on the ground of its predisposing to post-partum hemorrhage.

Chloral, on the other hand, he regards as superior in many respects to chloroform, notably in the fact, that while in a marked

degree it diminishes their painfulness, it does not seem to lessen the frequency or strength of the pains.

Our author regards it as a great recommendation that chloral is applicable at a period when we would not think of administering chloroform—towards the termination of the first stage of labor, before the complete dilatation of the os, and when the sharp grinding pains produce more suffering, and are less easily borne than the more forcing pains of a later stage.

In a tpye of labor which is very common among women of a highly developed nervous organization, in whom, prior to the rupture of the membranes, and the complete dilatation of the cervix, the pains are very severe, felt chiefly in the back, and productive of little or no effect in dilating the os, he has found chloral especially valuable. In this class of cases it has usually been the custom to administer an opiate in sufficient quantity to produce sleep; but the disadvantage attending this plan is, that the labor is suspended, and much time lost. If, however, chloral be employed instead of the opiate, the same refreshing sleep will be obtained without any suspension of the pains or the protraction of the labor. The character of the contractions, too, will be altered; they will become steady and useful. Also, in cases where there is rigidity and spasm of the cervix, or where the latter is thin and rigid, with a sharp edge, the chloral is exceedingly useful. Soon after it has taken effect, the author has observed, not unfrequently, a thin os, which had remained unaltered in character for many hours, dilate rapidly, far more so than when chloroform is inhaled for this indication.

Dr. Playfair administers fifteen grains of the drug when the first stage of labor is approaching completion; this is repeated in about twenty minutes. Usually, after the second dose, enough has been given to bring the patient under the influence of the remedy. The subsequent administration must be regulated by its effects. If the patient be drowsy and relieved, a third dose need not be given for an hour, and then half the quantity will probably be sufficient to keep the patient in a somnolent condition. It is seldom necessary to give more than a third dose, and the author has never given more than a dram of the medicine in an entire labor. By this lessening the quantity after the second dose, and increas-

ing the intervals between their administration, a full and sufficient effect can be kept up for many hours.

5. In regard to the temperature, pulse and respiration of puerperal women, Dr. Linn has made careful observation of twenty-five cases occurring in the Philadelphia Hospital. The cases were in every respect normal, and furnished the following results: 1. That the normal temperature of the puerperal woman is about 0.6° F. higher than that of the healthy human being, if we accept the statement of Wunderlich, that the mean normal temperature is 98.6° F. 2. That the normal pulse of the puerperal woman is not more frequent than that found under ordinary conditions in a state of perfect health. 3. That the number of respirations is increased, if the statement of physiologists be received, that the number of respirations of the healthy women ranges from 18 to 20 per minute. 4. That the generally received opinion, that the secretion of milk is attended by an increase of temperature of one or more degrees, and an increase in the frequency of the pulse of ten or twelve beats per minute, is erroneous. 5. That a temperature of 100° F., or a pulse of 100 or over per minute, in the lying-in woman, is indicative of some pathological process, which it behooves the accoucheur to discover at once, in order that proper measures may be taken to arrest its development and remove the evil.

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ARTICLE II.—*Progress of Surgery.* By JNO. E. OWENS, M.D., Lecturer on Surgery, Rush Medical College, Chicago.

1. On the Nervous Mimicry of Diseases of Joints. By SIR JAMES PAGET, Bart., F. R. S., etc. (*Lancet*, November, 1873; *Braithwaite's Retrospect*, July, 1874.)

2. Nervous Mimicry of Diseases of the Spine. By SIR JAMES PAGET, Bart., F. R. S. (*Lancet*, Nov., 1873; *Braithwaite's Retrospect*, July, 1874.)

3. Injection of Chloral in Tetanus. By M. ORE, Professor of Bordeaux Medical School. (*Medical Times and Gazette; Braithwaite's Retrospect*, July, 1874.)

4. Fracture of the Clavicle Treated by Placing the Arm Behind the Back. By M. BROCA. (*Medical Press and Circular*, Dec. 24, 1873; *Braithwaite's Retrospect*, July, 1874.)

5. Amputation at the Hip-Joint by Esmarch's Method. By Dr. CHAS. I. GIBB, Consulting Surgeon to the Newcastle Infirmary. (*Lancet*, Jan. 31, 1874; *Braithwaite's Retrospect*, July, 1874.)

6. Extensive Disease of Knee-Joint; Amputation Through the Thigh; Bloodless Operation; Recovery. By J. KELLET SMITH, Esq., Stanley Hospital, Liverpool. (*Lancet*, Dec. 20, 1873; *Braithwaite's Retrospect*, July, 1874.)

7. On Bloodless Operations, as Illustrated by the Use of the Galvanic Cautery. By THOMAS BRYANT, Esq., Surgeon to Guy's Hospital. (*Lancet*, Feb., 1874; *Braithwaite's Retrospect*, July, 1874.)

8. Stricture of the Urethra. By FESSENDEN N. OTIS, M.D. (*New York Medical Journal*, April, 1874; *Philadelphia Medical Times*, May 16, 1874.)

9. Exploration of the Abdomen. By Prof. DENNING and others. (*Medical Press and Circular*, June 10, 1874.)

1. Mr. Paget, after reminding us of the fact that inflammation of a joint, either very acute or of long standing, can hardly exist without visible or tangible exudation in the joint-cavity, or in the surrounding textures; and after stating that swelling, frequently by the sides of ligamentum patella, is sometimes evident in a merely nervous joint—not considerable, but sufficient to make a mimicry of real disease much more close—a swelling similar to the puffiness that may come on in facial neuralgia, or the swelling and conjestion of the conjunctiva in some cases of orbital neuralgia, states, that, on the whole, the absence of swelling makes it very unlikely that a joint is really diseased. The presence of only a trivial swelling, when the nervous and muscular signs of disease are acute, or of long standing, is not indicative of joint inflammation. Such swelling is commonly transient and capricious, and the fallacy may be detected by observing, that at its greatest degree it is not, even after a long time or many repetitions, nearly proportionate to the pain or duration of the disease. A sensation of swelling is frequently complained of when no swelling really exists. A mere complaint of swelling will not deceive if the affected joint be compared with its fellow.

In this paper Sir James gives great prominence to temperature, as the sign most to be relied on in the diagnosis of real and nervous disease of joints. "It is so important to estimate it accurately, that I cannot too strongly urge you to be always studying it. You should feel with the broad surface of your hand every joint very watchfully; comparing each that is supposed to be

diseased, with its fellow supposed or known to be healthy, you learn, as you certainly may, to detect even a small difference of temperature in even a small part of a joint."

A joint not above its natural temperature is not an inflamed joint; whatever may be the other signs of inflammation in it, it is not inflamed. Compare every suspected joint with its fellow. Compare the temperature of the joint with that of the rest of the limb, for the rest of the limb may be, through disease or long defective nutrition, cold; and if one joint in it be always not cold, though it may not be fairly called hot, this may arise from inflammation.

The certainty of diagnosis based on coldness is increased by a coincident dull purplish tint, which is commonly called blue or pink. Such colors may be present at joints long inflamed, but in these cases they are associated with over-heat.

2. If there be no considerable attendant illness, an intense and horrible pain in the spine does not point to serious disease of the spine. Such pain is not always merely "nervous" when it is the only wrong complained of. It may be due to aneurism or cancer. It is not a sign of spinal disease, unless when the pain of some slight disease is greatly exaggerated in a nervous constitution, or in the acutest form of inflammation of the vertebræ—a rare disease, and always associated with serious general illness and impaired mobility of the spine.

Excessive tenderness is characteristic of merely nervous disorder of the so-called spinal irritation, and is usually found at two or more parts of the spine. At these spots nervous patients cannot bear to be touched, and they writhe and flinch when the pressure is very gentle and quite superficial, and yet these tender spots are not painful in moving, coughing, or sneezing.

A merely nervous pain is usually variable, and is more dependent than the real disease on the disorders of distant organs. It is increased by fatigue, both bodily and mental. It is nearly a sure sign of nervous disorder, if pressure on the spine produces shivering or nausea, or a feeling of going-to-be-sick. It is a sign of nervous pain alone, if the pain has continued many weeks or months and nothing has come of it—no immobility of the spine or ribs, no paralysis, no fever, wasting or failure of the general health. When

we find a patient carefully holding his head and neck, or any part of his back, very still, or turning or bending cautiously, we must look for disease of the spine. When the patient is able to tumble this way or that, to cough and to sneeze, without pain, we may be sure that organic spinal disease does not exist.

3. A man, after a wound of the finger, became the subject of tetanus, in consequence of which his mouth became so closed that no remedy could be administered. M. Ore threw an injection, containing ten grammes (154.30 grs.) into the veins. Peaceful sleep followed. This was followed by a second and third injection, with the effect of obtaining a sleep of eight hours.

4. M. Broca, adopting a suggestion made last year by Dr. Michel, recently treated a case of fracture of the clavicle, by placing the arm in a semi-flexed position behind the back, where it was retained by bandage for eighteen days, with the effect of completely adjusting the broken surfaces, and producing an excellent cure. The fracture was near the middle of the bone; was oblique, from above downwards, and from without inwards. A sling was subsequently used.

5. Dr. Gibb, having occasion to amputate the left leg of a youth, eighteen years old, at the hip-joint, at the suggestion of Dr. Page, the house-surgeon, employed Esmarch's method. The patient suffered from malignant disease of the femur. The elastic bandage was applied from the toes to the perineum, a good-sized pad of linen placed over the aorta, just below the umbilicus, and seven or eight turns of elastic tubing made over it. Not a drop of arterial blood was lost till the ligature was loosened, and then only one vessel spouted, the others having been secured. No inconvenience was experienced from the application of the tubing tightly around the belly.

6. The patient had suffered from knee-joint disease for four years. The history of the case shows that in spite of the excessive œdema which was said to exist, Esmarch's method most effectually succeeded in making a bloodless operation; and that, although the pressure was kept up for half an hour, there was no sloughing.

7. The disadvantages which Mr. Bryant associates with Esmarch's method are the following:

(*a.*) The prolonged and general capillary oozing of blood, from the tissues, following the removal of the elastic tubing.

(*b.*) The possibility that this secondary oozing may interfere with or prevent the immediate union of a wound.

(*c.*) The danger of injury to the larger nerves by undue compression. Langenbeck has recorded three instances in which, by this pressure applied to the upper extremity, some paralysis of the median nerve followed.

(*d.*) The practice does not commend itself in aged subjects, and in others in whom the vessels are diseased; for in such the complete obstruction to the flow of blood into the tissues may be followed by sloughing or want of action.

Mr. Bryant suggests that it would be wise to describe the operations performed by Esmarch's plan as examples of bloodless operating, reserving the term bloodless operations to those performed without blood from beginning to end.

With respect to the bloodless method by the elastic band, as suggested by Professor Dittel, one grave, practical objection is the fetor connected with the sloughing process; and unless its advocates can show that it possesses some equivalent advantages, it will never find a place in ordinary surgical practice. From 1872 to the end of 1873, Professor Dittel, by means of the elastic ligature, cured nævi, cases of anal fistule and sinuous passages. He has also removed by it a cancerous breast, amputated three legs, ligatured many arteries, and treated cases of hydrocele and phimosis, together with many examples of cancerous and other tumors. Sir Henry Thompson, its advocate in England, has applied it for the removal of a breast, which, by the way, did not come away for twenty-eight days. Mr. Bryant seems thoroughly convinced of the value of the galvanic cautery and its superiority over both Dittel and Esmarch's methods, for the performance of the bloodless operations. In comparison with this method (galvanic cautery) all other so-called bloodless methods are delusions. The battery must be in good working order, and the instruments complete and whole. The author of the paper has considered the use of the galvano-cautery under different headings, and demonstrated its value by a record of cases: operations on the

tongue, penis and anus; the removal of tumors, the destruction of cancers, and the cure of lupus; the treatment of nævi.

In respect to operations on the tongue, since there are none in which, without its use, hemorrhage is more troublesome or dangerous, there are none with its use, which more satisfactorily illustrates its bloodless character. By the use of the galvano-ecraseur, carefully employed, no fear of bleeding need disturb the mind of the operator; and what was formerly a very serious measure has become a comparatively simple one.

By means of Mr. Bryant's method four cases of lupus are reported cured, viz.: one of four years' standing, cured in twenty-four days; one of four years' standing, cured in twenty-seven days; one of twenty years' standing, cured in twenty days; the fourth was also successfully treated. In conclusion, it is worthy to be mentioned that seven cases of epithelial cancer, and twelve of nævi are reported cured by the same method.

8. Dr. Otis makes the assertion that stricture of the urethra is absolutely within the reach of curative measures; that, if completely divided, and this division maintained until the healing process has been completed, no contraction can ever take place. He does not deem the division of the stricture more hazardous than rapid, permanent or temporary dilatation.

9. The kind of examination referred to consists in the introduction of the hand, well oiled, into the rectum, by accomplishing the progressive dilatation of the anus, by means of the gradual introduction of two, three, and, lastly, four fingers into the rectum as far as the iliac flexure, and even into the colon, so as to explore the pelvis, and even the whole abdomen as far as the diaphragm. Usually there follows some incontinence of fæces during a few days following the operation. Such exploration is undertaken in cases of obstruction of the bowels, to ascertain the exact seat of the obstruction. The danger of perforating a diseased intestine in such explorations, must not be overlooked.

In the discussion which followed the mention of this operation by Professor Denning before the New York Academy, Dr. C. Leale stated that he had practiced the operation with the intention of exciting the solar plexus in a patient who had attempted suicide with chloroform, and was apparently dead. The operator

gradually attained the pillars of the diaphragm, and, after having mechanically excited the plexus, had the satisfaction of seeing the respirations become more vigorous and the patient restored to life. The dilatation of the anus amounted to six inches, and the hand arrived at four inches above the umbilicus—sixteen inches above the anus.

Dr. Morton performed the same operation on a patient aged twenty-six years, in whom he suspected the presence of a stone in the ureter.

Professor Peaslee admitted its utility in explorations of the pelvic organs, but thought that pushing the hand further might expose the patient to danger.

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ARTICLE III. — *Progress in the Practice of Medicine.* By NORMAN BRIDGE, M.D., Lecturer on Principles and Practice of Medicine in Rush Medical College.

1. The Blister Treatment of Rheumatism. By Dr. T. R. PEACOCK, St. Thomas Hospital, London.

2. The Use of Large Injections of Water for Intestinal Obstruction. By Dr. ROBERT BATTEY, of Atlanta, Ga. (*Atlanta Med. & Surg. Jour.*)

3. Local Treatment of Lung Cavities. By Dr. J. H. HUTCHINSON. (*Philad. Med. Times.*)

4. Œsophagismus. By Dr. A. W. FOOT, Ireland. (*Irish Hosp. Gazette—Am. Jour. Med. Sciences.*)

5. Angioleucitis of the Lung. By Dr. REYNAUD. (*L'Union Med.—Am. Jour. Med. Sciences.*)

6. Guarana in Chronic Rheumatism. By Mr. A. E. RAWSON. (*Irish Hosp. Gaz.—Am. Jour. Med. Sciences.*)

7. Therapeutics of Gelseminum. By Dr. W. C. HULL. (*Med. & Surgical Reporter.*)

1. Dr. P. has used the blister treatment for acute rheumatism since 1865. He has a high opinion of it when vigorously applied. The blisters are generally made two or three inches wide, and long enough to encircle the limb. When they have risen, they are dressed with linseed meal poultices for several days. Usually,

the patients do not complain of the blisters, nor is there any serious inconvenience from them; but as soon as the drawing is accomplished there is a marked amelioration in the swelling, pain and constitutional disturbance. The cases most eligible for treatment by this means, are those where several joints are involved and the suffering and constitutional disturbance great. Three to six blisters are applied at once near the affected joints; they are repeated as exacerbations occur, and are applied to joints as they are successively involved.

He believes this treatment often curtails the length of the disease and prevents internal complications. He regards the blisters as less depressing than the alkalis and other constitutional medication, except tonics which he often gives.

2. After quoting from authors advocating large injections of water for intestinal obstruction, and from his own previous writings to the same purpose, Dr. B. advances the theory, which he claims as original, that fluid can be not only forced through the ileo-cæcal valve into the small intestine, but that it may be forced through the whole length of the alimentary canal and out the mouth. Two cases are reported where this unmistakably took place, the quantity of tepid water used being in each case little less than twenty-four pints. In one case, turpentine soap was mixed with the water, and the patient protested she could taste the soap in the clear fluid vomited as the injection was being passed. He had, with Prof. Johnson experimented on the cadaver by injecting cold water into the rectum. "It found no obstacle to its onward progress at the ileo-cæcal valve; it passed easily through the small intestines, stomach and œsophagus and out the mouth."

He gives the large injections advised with a syringe that throws a continuous stream—it being operated slowly. He would have air carefully excluded from the water, believing that air tends to induce sudden discharge of the fluid; and when pain is produced by the injection, he gives anodynes—opium or chloroform, and if necessary he anæsthetizes the patient. He holds this to be altogether the most proper of all means of relief for the various obstructions of the intestines, and hopes to see it supersede the use of the knife in most cases of strangulated hernia.

The novel and distinctive part of his paper is that wherein he shows that *very large* quantities of water may be injected, and to a point far beyond the ileo-cæcal valve, and all *without harm*. This he especially insists on, and combats the doctrine of Dr. Flint, Sr., and others, that large injections of water when pain is produced are hazardous, and are to be used with great caution

3. A good deal has been said and written of late, on the subject of the local treatment of lung cavities by injections into them made by means of a trochar and canula plunged between the ribs and through the lung tissue.

Prof. Mosler, of Germany, and Dr. Wm. Pepper, of Philadelphia, have recently treated a number of cases in this way, and speak encouragingly of the treatment. Prof. M. says his experiments prove that the lung is "more tolerant of external manipulation, and that these external attacks are more easily executed and less dangerous than has been heretofore believed."

Dr. P. thinks, considering the almost hopeless nature of some of these lesions, the treatment should be tried patiently.

Dr. Hutchinson, however, by quotations from the records, shows that the operation has been at three or four different brief periods quite popular, and that it has been in each instance so completely forgotten that it has been as many times advanced as new. This, he thinks, makes a strong presumption against the measure. He holds it to be unadvisable for the following additional reasons: Punctured wounds of the lung in a consumptive will not do well because a similar injury to a healthy lung does well. Any inflammation excited by a wound of the lung is likely to eventuate in caseous degeneration. Injections are not proper treatment for phthisical cavities; they tend to excite inflammation, whereas there should be an attempt to allay it. There is more or less danger of a discharge being by this treatment emptied into an unadherent pleural cavity. He believes with Dr. Hughes Bennett, that all operative interference in phthisis has been a "uniform failure."

4. Dr. Foot reports four cases of this disease; three in men and one in a woman. The cases were alike in occurring suddenly; in there being more or less intermittent dysphagia, and this more easily excited by solid food, by cold and by sour substances; in

the occurrence of hiccough and œsophageal vomiting. The patients were all nervous people and the symptoms were clearly beyond their control, they were not feigned. In none was there evidence of organic disease or hysteria. Cases of œsophagismus appear to be most common in males, while regurgitation proper is most frequent in females.

Dr. MacSwiney (present at the meeting) had seen three similar cases, all in men, and all recovered. In one case there was enormous dilatation of the œsophagus above the seat of spasm. Antispasmodics were alone valuable, and hydrocyanic acid was most efficacious of all.

Dr. Kennedy had seen five cases; all recovered.

5. Dr. R. has coined this new word, *angioleucitis.* He applies it to a lesion heretofore not described, which consists in a vascular turgescence of the lymphatic vessels of the lungs. While this disorder has some relation with cancer, especially of the stomach, he believes a true case of angioleucitis may occur unconnected with carcinoma. The affection is grave, especially when it occurs as a complication of other organic disease.

He reports two cases illustrative of his description of the disease.

6. Mr. R. tried guarana on his own person, as an experiment, for severe lumbago. Fifteen grains gave perfect relief, but on a recurrence of the pain a larger dose was required. He has since experimented extensively with the drug on all sorts of patients, and arrives at this conclusion: "Whenever the fibrous sheaths of the nerves or muscles, the fasciæ or tendons, are affected, guarana gives immediate relief, which lasts twelve to twenty-four hours." He believes that a perseverance in the use of the drug, increasing the dose to forty grains, will entirely remove any of the above-mentioned kinds of rheumatism.

7. Dr. H., with an associate, says he has administered gelseminum in a thousand cases. He concludes it is not adapted to inflammatory diseases. In those in which there is active congestion it does injury. "Its therapeutic scope is confined to certain simple forms of fever." "In bilious, catarrhal and gastric fevers of childhood it is nearly a specific." In typho-malarial fever, where the

malarial character predominates, it often abates the disease. It should, when administered, be rapidly introduced into the system until the characteristic effects are produced on the organs of vision.

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## Reports of Societies.

***Chicago Society of Physicians and Surgeons.*** *Transactions at Regular Meeting, August* 24, 1874. Reported by RALPH E. STARKWEATHER, M.D.

Dr. John Bartlett, President, in the chair. The Secretary being absent, Dr. F. H. Davis was chosen Secretary *pro tempore*. Dr. F. L. Wadsworth received an unanimous election to the membership of the Society.

Having called Dr. Hamill to the chair, Dr. Bartlett read a report of a case of eclampsia in a pregnant woman, due to uræmia, which was of rare interest, and elicited a very able and animated discussion, sustained by numerous members of the Society. The following is an abstract of the case:

Mrs. M., now twenty-five years of age, began to menstruate at the age of twelve. Her first menstruation alarmed her, and was looked upon as being something dreadful. Rising at night, she went to a well and washed her clothing, bedding and person. Since that event, every period has been one of so much pain and nervous disturbance, that she has regarded herself as having a serious uterine disease. She was liable to hysterical paroxysms upon the approach of her periods, before marriage. At the age of fifteen, while traveling, she went from morning till night without micturating; and upon then attempting so to do, she was unable to accomplish the act. The retention continued for two days longer, until relieved by catheterism.

This was followed by a sickness of several weeks, the nature of which is unknown; but ever afterwards, at irregular intervals, she was liable to fainting turns. These attacks began with palpitation of the heart, indistinctness of vision, a state of semi-consciousness, and of sinking away, as if dying.

In other respects her general condition was excellent. Marrying at the age of eighteen, a year later she gave birth, at the eighth month, to a fœtus that had been dead some weeks. The delivery seems to have been followed by a condition of septicæmia.

The vomiting of the two pregnancies which followed, was unusually severe and prolonged. In June, Dr. Bartlett was called to attend the patient in her fourth parturition. She had uterine pains, intense headache, amblyopia, occasional delirium, great irritability of the bladder, and œdema of the face and hands. The uterine pain was regarded as false. Uræmia was predicted, and the friends notified of possible grave accidents. Wine of colchicum seed and morphia were ordered. The colchicum was given for more than a week, with the effect of removing the cerebral symptoms above named.

July 25, the following was the condition of the patient in the first stage of labor:

Considerable œdema of the face and throat, conjunctivæ conjested; throbbing headache, especially on the right side; intense epigastric pain, described as if the stomach and womb were being torn apart. Morphine diminished somewhat the pain in the head and epigastrium.

The second stage of labor, lasting three hours, terminated at 2 A. M., July 26, by the delivery of a male child, weighing less than four pounds. The third stage terminated in an hour; one hour thereafter the patient complained of noises in the room when there were none, and could not see the cup, containing chloral, offered her. A convulsion immediately followed, succeeded by stupor, during which the patient was bled to ten ounces, and one drachm of chloral was injected into the bowels. In one hour a *second* spasm occurred. A purgative enema was given, and a scruple of chloral administered. Upon consultation with Dr. Byford, it was determined to deplete still farther, and some twenty-five ounces of blood were withdrawn. Croton oil was administered; and eighteen grains of chloral ordered to be given every half hour, till several doses had been taken. A *third* convulsion followed, three hours after the second attack. It was found that neither by the stomach nor rectum would chloral be retained. During the day, convulsions occurred about every three hours, the patient lying stupid during the intervals, but able to be

aroused. Toward night the tendency to spasm was increased, so that an attempt to give medicines by the mouth or rectum, or by the hypodermic syringe, or the exhibition of chloroform, was liable to bring on spasms. There was now occasionally an active, wild delirium. By taking advantage of the stupor following a convulsion, a quantity of morphine was passed under the skin. To increase or renew the effects of morphia, it became necessary to give chloroform, in order successfully to make use of the hypodermic injection. The favorable and satisfactory effect of this medicine was maintained for fifty-five hours; small quantities of water and milk being the only nourishment.

Iced cloths were kept constantly to the head, and during the paroxysms masses of ice were applied to the scalp; serious congestion of the face never occurred.

The urine drawn by catheter on the first day, was found to be one-half albuminous. On the third day it was clear, and not albuminous.

The convulsions returned at the time the milk-fever was to be expected, but were, for several days, of moderate severity. The first series of convulsions were severe, accompanied by insensibility, and followed by stupor. The second were, for a time, milder; the patient retained consciousness, breathed freely, and conversed while convulsed. This second series was thought to have a hysterical element in them. The first series was regarded as those of true eclampsia depending upon *the so-called uræmic condition.* The second series were at first looked upon as simply a manifestation of that movable condition of the nervous system known to characterize the patient.

After a few days, the severity of the spasms increasing and the interval between them diminishing, it was concluded that they were of the same character as the initial convulsions. On July 31st, the water was quite bloody, and, although granular and waxy, casts were exceedingly few—cells similar to the white corpuscle of the blood (the exudation cell of George Johnson; the round, germinal matter cell of Beale), were very abundant, occurring in large numbers, and often in clusters, in every field examined.

By the night of August 2nd, very severe paroxysms occurred every ten minutes, while early the next morning they were as fre-

quent as every five minutes. The intervals between a few spasms was as short as two and one-half minutes.

Dr. Bartlett described the convulsions as follows:

The left hand, the fore-arm being semi-flexed on the arm, was observed to make a gentle motion, as if in the act of beckoning; the next instant the face was drawn powerfully to the left, the mouth drawn violently open and to the left. This state of tonicity soon gave place to one of clonic spasm, affecting all the voluntary muscles. When the paroxysms were severe, there were three stages, viz.: of tonic contraction, of clonic movement, and of paresis. In this latter stage, toward the last, the muscles of the cheeks, jaws, tongue and larnyx lost their power more or less; respiration was whistling while tonicity endured, and stertorous in the paralytic stage. At times, during the intervals, swallowing was very difficult. Early in the attack the left arm and legs became useless; the legs seemed paralyzed, and, at the worst, the arm also; for the most part the muscles of this arm were in a state of half tonic contraction; later in the attack, both arms were thus affected. During a convulsion, the limbs on both sides were similarly influenced. The pupils were normal during the paroxysms; in the intervals they were more or less dilated. Sight was usually impaired. Sometimes, before a convulsion, she would speak of a great flame, and then immediately of a horrid darkness. Even in the tonic state of the most violent convulsions, a superficial respiration could be detected by auscultation; the heart's action was then noted to be regular, though accelerated and enfeebled. During the slighter convulsions, the left side only was affected. The duration of the paroxysms varied from one to two minutes.

On the 11th of August, the disease had reached its worst. Severe convulsions occurred every ten or fifteen minutes; pulse small, weak and quick, and 145; tongue and mouth had a typhoid look; dysphagia; mind very dull. Quinine and brandy were given, and inhalation of chloroform continued for forty minutes, and further convulsions prevented by the use of chloroform and chloral, aided by anti-spasmodics and hypnotics. The convulsions were then followed by violent fits of hysterical delirium. This delirium was plainly uræmic, and indicative of less uræmia than the convulsions. It gave place to the delusions of puerperal

mania, with unusual hyperæsthesia of certain parts of the surface of the body, which lasted eight days, gradually leaving her with a mind sane and unusally active.

Dr. Bartlett then discussed the nature of the convulsions, and the condition of the patient, during the attacks and in their intervals, and mentioned the various medicines exhibited.

The treatment was directed to the protection of the encephalon; to the control of the spasmodic action by anæsthesia or relaxation, and to the elimination of the toxic elements through the bowels, skin and kidney. For this purpose the following remedies were employed: venesection; chloroform (eight pounds), ether (one gallon), chloral, morphine, bromide of potassium, Indian hemp; lobelia, gelseminum, veratrum viride; croton oil, elaterium, cream of tartar, aconite, citrate of potash, hot baths; colchicum, acetate of potash, and digitalis. Tentatively, quinine and galvanism were used without effect. The patient was well fed throughout. The anæsthetics were generally used upon threatenings of a convulsion, and as far as practicable during the attack.

The active treatment extended *through a period of sixteen days* from the birth of the child, in which time *the patient had at least one thousand convulsions.*

As curiosities of the case, Dr. Bartlett mentioned two features: one, a spindle-shaped swelling, an apparent enlargement of a section of the sterno-cleido-mastoid muscles, about at the junction of the upper with the lower four-fifths, for a distance of an inch and a half. This swelling seemed to change *pari passu* with the œdema. The other peculiarity had reference to the management of the case. The first step in the convulsive phenomena was the turning of the face to the left. Now, when the tendency to spasm was least, the arrest of this movement, the forcible holding of the head from turning to the left, would stay, abort, the convulsion. In the early stage of convalescence, also, delusions would be certain to follow the turning of the face toward the left. The nurse was therefore charged with the duty of keeping the face in the line of the body.

The present condition of the patient is one of incomplete convalescence. Traces of uræmic poisoning still remain. Œdema and slight fainting and sinking attacks, common in Bright's dis-

ease, occasionally occur. The urine is now almost free from albumen, and the exudation cells are not numerous.

Dr. Bartlett referred to the hypodermic use of chloral, and said that it produced sloughing of the cellular tissue and integument, unhealthy ulceration and prolonged neuralgic pain.

Dr. Bartlett then called attention to an inhaler used by him in cases where it was necessary to apply chloroform, without the loss of time incident to the ordinary method. It consists of a cup large enough to cover the mouth and nose. Into the bottom of this a concave sponge is held by a transverse stay of wood. The chloroform is poured on the moistened sponge, and the cup is inverted and placed in a shallow vessel, as a saucer, containing water. This arrangement prevents the evaporation of the chloroform, when the inhaler is not in use, so that hours after the anæsthetic is placed on the sponge it may promptly be applied. Dr. Bartlett recommended this inhaler, also, on the score of economy.

Dr. Hamill inquired what was the immediate effect of the powerful remedies, such as gelseminum and veratrum viride?

Dr. Bartlett—The skin became moist; the intervals between the convulsions were prolonged from ten minutes even to an hour. The veratrum acted the best of the relaxing medicines. It tended, however, when long continued, to accelerate the pulse, and make it feeble.

Dr. Hay asked whether it was possible to determine the effect produced on the convulsions by bleeding? In physiological experiments, if an animal be bled suddenly, it will go into convulsions.

Dr. Bartlett—The series of experiments by Richardson on dogs, in which the emulgent veins of the kidney were tied in order to cause an accumulation of urea in the system, showed that, by bleeding one of the dogs, it lived for some time; the one not bled died speedily. In this case a convulsion occurred one hour after the second bleeding.

Dr. Hamill—In the early years of my practice, it was the rule to bleed from both arms at once, and to give jalap and cream of tartar. Whether it is due to the change in woman's body, or of the treatment, more patients recovered in those early days than at the present time.

Dr. Adolphus was of opinion that the convulsions were hysterical, and that tonics and antispasmodics would have formed an excellent line of treatment.

Dr. Freer inquired as to the pathology of the case.

Dr. Bartlett said that, from the outset, the impression was that the convulsions were due to uræmia. The patient is supposed to have Bright's disease.

Dr. Freer—My experience in treating those cases is adverse to the abstraction of blood. Where pathology shows that there is urea in the blood, what good will bleeding do? The effect of urea in the blood, as shown by pathology and physiology, is not that of increasing the force of the blood. It retards the circulation of the blood in the capillaries. There could not be increase of blood pressure in the brain. It is more than probable that the true pathology of uræmia is that of anæmia.

As Dr. Hay has said, it is well known that bleeding will cause convulsions. From a purely scientific stand-point, there is no real ground for bleeding in eclampsia.

Dr. Bartlett—It is excessive bleeding, "bleeding to death," that induces convulsions. The value of venesection in puerperal convulsions was not based on theory, but, as he believed, upon experience. As, in this case, a spasm occurred within an hour after a second bleeding, it could not be claimed that venesection did more than to protect the brain from the effects of the convulsions. In a review of the treatment adopted, certainly no question was more pertinent than the inquiry, What was the effect of the bleeding? Regarding the character of the convulsions, whatever might be their nature, they would have destroyed the patient from their frequency and severity, without treatment.

Dr. Jackson inquired of Dr. Freer, what his treatment has been in such cases?

Dr. Freer—The principal means has been the steady, continual use of chloroform. The case of Dr. Bartlett is not an ordinary one. It is rather like one of hysteria than uræmia, else, unless the patient was different from ordinary women, how could she stand the effects of a thousand convulsions? Active cathartics would relieve the blood of urea, and not impoverish it. Few persons have any too much blood in their systems; they cannot afford to lose this noblest juice of the body. There are other modes of elimination. Probably the convulsions are due to the obstruction of circulation in the brain, the blood not being in a fit condition.

Drs. Hayes, McKennan, James G. Tucker, and Wilder, also engaged in the discussion, of which the notes have been lost or mislaid.

Dr. A. Reeves Jackson gave, verbally, the details of a recent case of chronic vaginitis in a patient fifty-three years of age, illustrative of the efficiency of two means of treatment—injections of hot water, and the use of the glass dilator. Prior to the menopause, there were leucorrhœa, pain, pruritus, and a very irritating, thick, muco-purulent vaginal discharge. There was no uterine disease. The submucous tissue of the vagina was thickened and felt rough. The patient had been subjected to various treatments without relief. A solution of borax had only temporarily relieved the pruritus. Dr. Jackson, after directing the use of injections of glycerine and flax-seed tea for one week, then ordered injections to be given by means of a Davidson or Watson syringe, of from one to two gallons of hot water, beginning with that of a temperature of 98° F. and gradually warming it up to 108° Fahr., repeated daily for two or three days. During the intervals the glass dilator was used. The redness and roughness and discharge disappeared, and the patient fully recovered health.

This treatment separates the walls of the vagina, and so gives rest to the part. Secondly, it lessens the hyperæmia. Thirdly, it causes diminution of the hyperplasia of the submucous tissues.

Where the vaginitis is due to constitutional causes, chlorosis or endometritis, such causes must first be removed. The absence of pain in this mode of treatment makes it a very satisfactory and desirable one. It is beneficial in cervical endometritis. It blanches the surface, lessens the calibre of the capillaries, and contracts the vaginal canal.

Upon motion, the Society adjourned.

# Clinics.

***Rush Medical College.*** Clinic for Neuropathology, by Dr. WALTER HAY. Reported by HENRY W. HARRINGTON.

CASE OF IDIOCY, RESULT OF EPILEPSY. — Girl, aged eight years. The mother states that the child was apparently well when born, and up to the age of eighteen months was well and bright. She talked, but had never walked. At the age of eighteen months, she began to have epileptic attacks, and they have continued ever since, sometimes recurring several times daily. No hereditary history of epilepsy or other nervous disorder. Soon she seemed to lose the faculty of talking, and has not talked any since. Has been and is perfectly helpless, requiring constant care. On examination, find the patient poorly nourished, skin pale and anæmic; pupils dilated; conjunctivæ pearly; tongue pale, but clean; appetite good; bowels regular; limbs small and poorly developed, but symmetrical; there is no paralysis, the patient being able to move the hands and feet readily; in fact, she is in constant motion, throwing her limbs around, and constantly striking her hands against her teeth, the mouth being open and saliva dribbling away; and articulates indistinct, meaningless sounds. Has a vacant, staring expression of the face—head of good size and well formed.

*Remarks.* We have here a case of idiocy and lack of development of the body, due to arrest of development of the brain and spinal cord, this arrest being caused by the long continued and frequently repeated attacks of epilepsy. There are no signs, nor is there any history of organic infantile paralysis. I think the case is hopeful; would advise the mother to send the child to the Jacksonville Asylum, where she can have special care and training. Ordered chloral hydrate to quiet the child and procure sleep; also nourishing diet; fresh air, and to be placed in the company of other children as much as possible.

CASE OF INCIPIENT CHOREA, WITH TENDENCY TO INSANITY.— Boy, aged seventeen years; student. States that he was well until eighteen months ago; has practiced masturbation for several years; has not had a sufficient quantity of good food, and took

very little exercise; commenced feeling weak and tired; had a dull pain in the back and sides; lost his appetite; bowels became costive; had frequent desire to urinate, sometimes passing his water twenty-five times daily; has suffered for some months with involuntary irregular twitchings of the muscles.

On examination, find the patient pale and anæmic; tongue pale and tremulous; sight good; hearing at times defective; pulse, seventy and feeble; temperature, 98⅘°; respiration, twenty; patient seems dull, and indisposed to mental or bodily exertion; extremities are cold; there is a history of insanity in his family.

*Remarks.* In this case we have an inherent tendency to disorder of the nervous system, only awaiting some exciting cause to assert itself. The patient's habits of over study and deprivation of proper exercise and food, combined with the abnormal irritation, caused by the habit of masturbation, have served to impoverish the nervous centres, this being first manifested by instability of motor nerve cells, and consequent irregularity in muscular action, the same in kind but not in degree, as occurs in fully developed chorea. The intellect is also impaired; he is subject to morbid sensitiveness; exaggerates his troubles and is easily discouraged; there is an innate instability of the nervous system, and a tendency to insanity and convulsive forms of disease. The treatment in this case must be largely moral. He must stop the bad habit. If necessary to bring this about, blister the penis. He should have nutritious diet; tonics, as iron and strychnia; also active occupation in the open air, in order to develop the bodily strength and vigor.

Case of Chronic Myelitis.—Man, aged forty years; railroad laborer. States that he has been much exposed to cold and wet, and has been obliged to work in a stooping position; was well until one and a half years ago; commenced having pain in the back, increased by motion, also shooting pains in the legs; says his legs felt stiff and numb, and his feet heavy. The pain in the back was not severe when he was lying down; he has also been troubled by involuntary twitchings of the muscles of the legs; says that it seems as if the sight in the outer vertical half of the left eye was destroyed. Appetite fair; bowels sometimes loose, at others costive; he has continued getting worse up to the present time.

On examination, patient well nourished; tongue normal; pupils symmetrical; pulse, eighty; temperature, 98⅘°; respiration, eighteen; patient has trouble in walking, drags his toes; reflex excitability is much increased; there is tenderness on pressure of the spine over the upper three or four lumbar vertebræ; intellection is not impaired.

*Remarks.* This, gentlemen, is a somewhat complicated and obscure case. The patient, after exposure to cold and wet, and undergoing severe muscular labor, requiring continual stooping, is attacked by pain in the back, shooting pains in the legs, and loss of sensation—also difficulty in walking, his toes dropping, and catching easily, showing that the muscles are partially paralyzed, the extensors more than the flexors. Evidently the anterior columns of the cord are diseased, but in what form? It is probably a case of inflammation of the spinal cord, gradually extending from before, backwards, involving the posterior columns to some extent, as is indicated by the perverted sensations, and increased reflex excitability. This inflammation has resulted in either induration or softening of the substance of the cord, it is impossible to say which. There is also some degree of meningitis indicated by the pain in the back being increased by motion, and by the involuntary jerkings of the muscles. The main indication to be fulfilled in treatment, is to diminish the amount of blood sent to the cord. For this purpose we order—R. Fld. ext. secale cornut. dr. j, once daily at first, to be increased if necessary. This operates by stimulating the vaso-motor nerves, and exciting contraction of the muscular coat of the blood vessels, and, consequently, diminishing their calibre and the amount of blood sent to the parts, its action being chiefly directed to the spinal cord.

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## Hospitals.

***The Central Free Dispensary.*** Department of Gynæcology and Obstetrics. Service of Dr. P. ADOLPHUS.

DYSMENORRHŒA.—Previous to menstruation, where there has been dysmenorrhœa, the pain in the back and hypogastrium is greatly relieved by the use of a spear-pointed scarificator (Buttles'), plunging it into the cervix, and giving it a rapid turn before removal, which causes a very free flow of blood, should congestion exist. If leeches are employed, they should be applied to the perineum, or the inner aspect of the thighs, and not to the vagina or os uteri, for in certain patients the blood will sometimes con-

tinue oozing out for several days, causing trouble and annoyance both to physician and patient.

Should the hypogastric pain be severe, blistering tissue, or several applications of the compound tincture of iodine, over that region, will afford relief. In some cases, after the menstrual period has passed, the cervix may be dilated by Nott's Dilator, or by bougies; occasionally, if mechanical obstruction exists, if the os be very small or conical, it is well to employ Emmet's method of incision of the cervix, posteriorly, instead of laterally, using the scissors and Emmet's knife.

Uterine Neuralgia.—To relieve ovarian and abdominal pain, due to chronic uterine inflammation, the following suppository will often be found to be very useful. It is made of one-quarter of a grain of the morphia sulphate, mixed with one grain of the alcoholic extract of belladonna. If the rectum has been previously emptied and well cleared, the absorption of the medicines will be speedy; it is an economical and effective mode of treatment. The recto-vaginal wall is so thin, that ovarian and vaginal inflammation and pain are often best treated by suppositories.

An ointment much used for ovarian and uterine inflammation and neuralgia, is the following:

Pulv. camphoræ, scr. j; ext. belladonnæ, dr. ij; unguenti hydrargyri and cerati simplicis, *aa* oz. ss. M. Ft. unguent. Take of this a small quantity and rub thoroughly over seat of pain.

Sometimes a plaster fulfills the indications more gratefully, and then the following may be used: Take a belladonna plaster, four by six inches (or of whatever size may be desired), and sprinkle upon it four grains of the morphia sulphate and one scruple of powdered camphor.

To act upon the sympathetic nervous system, the following is a routine Dispensary prescription, in diseases of women:

R. Potassii bromidi, gr. x; potassæ bicarbonatis, gr. xx; ext. gelsemini fluidi, gtt. ij; aquæ camphoræ, f. oz. j. M. Sig. Take the same, three times each day.

The formula is likewise useful in vesical irritation, complicating uterine troubles.

The Board of Health of the City of Chicago.—Since our visit, the Board, unwilling to remain longer in their narrow, inconvenient and unsuitable quarters, whence they had more than once been driven by torrents of rain breaking in through the roof and its crevices, have removed to commodious apartments in the Honore Building, corner Dearborn and Monroe Streets. We were informed that the past season has been remarkably destitute of any prominent feature of disease, except infantile diarrhœa, in which, however, the mortality has been very large. Probably,

the mortality due to this cause, in children under five years of age, has been, at times, eighty per cent. of the entire weekly mortality.

The chief sanitary event this summer has been the laying down of a large amount of sewers, and enforcing the ordinance compelling connections to be made from each house with the main sewer. The districts have been made more salubrious, and the general adult health has been excellent. In the 7th, 8th and 9th wards, the contrast is very apparent.

Allusion was made to the indifference and laxity which accoucheurs, and especially midwives, exhibit in reporting births. It is apparent to all, how valuable these returns might become in many ways, even if not instantly available; as, for example, in a legal point of view, as a record to determine inheritance; also to determine the rate per cent. in different districts and cities, and occupations; also, in a moral point of view; in some of the New England States there are very few births, relatively, among married people.

The Board is now congratulating itself that it has no patient in the Small-Pox Hospital, and no new cases reported in the city. Lately, in vaccinating, the preference has been given to the use of human vaccine virus, one or two removes from the bovine: it is thought to operate more certainly and mildly; the bovine and vaccine lymph dries and hardens on the quill, and all physicians cannot, or at least do not, get it off.

DISINFECTANTS.—Take a shallow and broad saucer and partly cover it with chloride of lime, then pour upon it an half ounce of impure carbolic acid. To fumigate rooms after death, to the above add a little strong sulphuric acid. Carbolic acid is not now regarded with so much favor as heretofore; it is disagreeable and irritating to the lungs; it impregnates the food, and neighbors are annoyed by its odor.

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## Editors' Book Table.

[NOTE. — All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN, COOKE & CO., whose catalogue of Medical Books will be sent to any address upon request.]

*The Physiology of Man;* designed to represent the existing state of Physiological Science, as applied to the functions of the human body. By AUSTIN FLINT, Jr., M.D., Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, N. Y., etc., etc. In five volumes. Vol. V. (with general index to the five volumes): Special Senses; Generation. New York: D. Appleton & Co. 1874.

It is needless to say more of this, the fifth and last, volume of Dr. Flint's work on Physiology, than that it comes fully up to its predecessors in all that has made them already the American physiologist's pride and boast. Upon the great physiological questions of the day the author will be found upon the right side, as illustrated by his remarks upon "so-called spontaneous generation," and elsewhere. We cannot follow him, however, with equal safety beyond these limits; for the occasional glimpses of his metaphysical notions with which we are favored, smack, too much of the all-pervading materialism of the day to warrant our endorsement. Taken as a whole, however, Flint's Physiology must be pre-eminently the text-book of the American student, with which he cannot dispense. H.

*A Treatise on Therapeutics*, Comprising Materia Medica and Toxicology, with especial reference to the Application of the Physiological Action of Drugs to Clinical Medicine. By H. C. Wood, Jr., M.D., Professor of Botany and Clinical Lecturer on Diseases of the Nervous System in the Medical Department of the University of Pennsylvania, etc., etc. Philadelphia: J. B. Lippencott & Co. 1874.

A step in the right direction, at last. A treatise on "Therapeutics;" not simply a catalogue of drugs and what they are good for; not simply a nosological table, and of drugs appropriate thereto; but an attempt to lay the foundation of a true science of therapeutics, with an admirable definition of the term, *i. e.*, "the application of the physiological action of drugs to clinical medicine." The author expresses in his preface a want which every other earnest student must echo, "the want of something more" than the standard treatises on materia medica and therapeutics, and asserts what we most heartily endorse, that "the old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience;" and if his prefatory commentaries upon the status of therapeutics as a science be severe, they must nevertheless be admitted to be true.

His classification of remedial agents is simple and comprehensive, consisting of their division into systematic and non-systematic remedies, and the subdivision of the former into general and local remedies—which classification, like all others, he not inaptly terms "a convenient row of pegs upon which to hang our ideas

and facts, so that they may be easily retained and easily accessible when wanted."

It is gratifying to perceive that the author confidently rests his therapeutical conclusion upon the data of experimental physiology and zoo-chemistry.

It would be a pleasant task, did space and time permit, to give here an extended and detailed analysis of the contents of this work. For while it assumes, occasionally, therapeutical propositions which can scarcely be considered as determined, and others, again, which we do not feel willing altogether to endorse, it, at the same time, elucidates others, hitherto indefinite, and supplies the data for the determination of still more. A careful study of Dr. Wood's book will leave upon the mind of the student the feeling of regret that it is not more detailed, that many important remedies have been omitted from consideration, the author having apparently been satisfied with the discussion of typical remedies. In our humble judgment, the book is altogether the best work on therapeutics in the language, and entitles its author to the sincere thanks of all who wish to escape the trammels of empiricism. H.

BOOKS RECEIVED.

*The Complete Hand-book of Obstetric Surgery.* By CHARLES CLAY, M.D. Philadelphia: Lindsay & Blakiston. 1874.

*A Manual of Surgical Emergencies.* By WILLIAM PAUL SWAIN, F.R.C.S. Philadelphia: Lindsay & Blakiston. 1874.

*Transactions of the Pathological Society of Philadelphia.* Vol. IX. 1871–72–73.

PAMPHLETS RECEIVED.

*Smithsonian Miscellaneous Collections.* No. 279. The Toner Lectures. Instituted to encourage the discovery of new truths for the advancement of medicine. Lecture III.: On Strain and Over-action of the Heart. By J. M. DA COSTA, M.D., Professor of Practice of Medicine in the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital, etc. Delivered May 4, 1874.

*Transactions of the Linton District Medical Society of the State of Missouri.* First to fifth session, inclusive. Mexico, Mo., 1874.

*Transactions of the Michigan State Medical Society for the year* 1874. Series II. Vol. VI.

*The Hypodermic Use of Quinine a dangerous experimental Medication, and rarely justifiable.* By STEPHEN ROGERS. New York: D. Appleton & Co. 1874.

*The Temperance Question from the Standpoint of the Present.* Delivered by JNO. MORGAN MCKOWN, M.D. Semi-annual Address of the Æsculapian Society of the Wabash Valley. 1874.

*The Relations of Medical Societies to Progress in Medical Science.* Inaugural Address of the President of the Medical Society of the County of Kings, New York. ALEXANDER J. C. SKENE, M.D. June 16, 1874.

*Clinical Report of the Lying-in Service at Bellevue Hospital for the year* 1873. By WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Children in Bellevue Hospital Medical College. Reprinted from the New York *Medical Journal*, Aug., 1874. D. Appleton & Co.

*Experimental Researches of the Physiological and Therapeutic Action of the Phosphate of Lime.* By L. DUSART, *Ex-interne des Hopitaux de Paris.* Paris: 113 Faubourg St. Honore. Price two shillings.

*Report of the Board of Health of the City of Philadelphia, to the Mayor, for the year* 1873. Philadelphia: Printed by order of the Board.

*Address of Joseph M. Toner, M.D., President of the Association.* Extracted from the Transactions of the American Medical Association. Philadelphia: Collins, Printer, 705 Jayne street. 1874.

JOURNALS RECEIVED.

The American Practitioner—August.
" Australasian Medical and Surgical Review—June.
" American Medical Weekly, Sept. 5, 12.
L' Anatomie et de la Physiologie, Journal de No. 5.
The Boston Journal of Chemistry—September.
" Canada Medical and Surgical Journal—August and September.
" Clinic, Cincinnati—August 15, Sept. 12.
" Cincinnati Lancet and Observer—Sept.
" Detroit Review of Medicine and Pharmacy—September.
" Druggists' Circular—September.
" Indiana Journal of Medicine—August and September.
" Kansas City Medical Journal—August.
" London Lancet—August.
" Medical Herald, Leavenworth, Kansas—Aug. 1, 15, Sept. 5, 12.
" Medical Examiner, Chicago—Aug. 15.
" Medical Times, Philadelphia—Aug. 15, 22, Sept. 5, 12.
" Medical and Surgical Reporter—Aug. 15, 22, 29.
" Medical Record, New York—Aug. 1, Sept. 1.

The Missouri Clinical Record—September.
" Medical Eclectic, New York—September.
" Medical Mirror, New York—September.
" New York Medical Journal—September.
" Nashville Journal of Medicine and Surgery—September.
" Progres Medical, Paris—Nos. 26, 27, 28, 30, 31, 32, 33, 34, 35.
" Pacific Medical and Surgical Journal—August and September.
" Psychological and Medico-Legal Journal—August.
" Practitioner, London—August.
" Pharmacist, Chicago—September.
" Physician and Pharmacist.
" Peninsular Journal of Medicine—September.
" Richmond and Louisville Medical and Surgical Journal—August.
" St. Louis Medical and Surgical Journal—September.
" Southern Medical Record—August.
" Texas Medical Journal, Galveston—July.
Transactions of the Medico-Chirurgical Society of the State of Maryland. Seventy-fifth Annual Session—April, 1874.
Transactions of the Medical Society of the State of West Virginia. Instituted April 10, 1867. Wheeling, 1874.
The United States Medical and Surgical Journal—July.
Vick's Floral Guide—No. 4, 1874.
The Virginia Medical Monthly—September.

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## Editorial.

***Sponges.***

We are all familiar with the qualities of that useful article, the sponge, its active absorption and ready yielding of its contents—qualities which stand exactly correlated, so that the sponge gives forth from its tissues when required all, even to the last drop, which it had absorbed. These sponges are useful only when dead.

There is, however, another species of the genus sponge, whose functions, most actively performed in the living state, are somewhat different from those of the first, for they appear to possess only that of absorption, or suction, rather, by which they extract all that is possible from those to whom they attach themselves. What they have absorbed, they yield reluctantly, and then only by the principle of substitution, by which they may displace their contents by something more valuable.

They suggest very forcibly that they may have been one of the sources from which Victor Hugo derived the inspiration which was developed by his genius into that wonderful word-picture, "*La Pieuvre*" in *Les Travailleurs de la Mer*. That one

sucked the blood of its victim; this one sucks that highest elaboration of the blood, his brains.

Many of our older readers will recognize this being from what has been already said of him; but, for the benefit of the younger members, we will describe his *modus operandi.*

He enters your office with a "smile that is child-like and bland," and a compliment like a sugar-coated pill of aloes—sweet without, nauseous within. He is modest, too, this sponge of ours. He does not ask your purse; he does not even imitate that other fiend, the book-borrower, who, having only money enough for whisky and cigars, cannot buy books, but borrows from his more frugal neighbor, and proves himself always that paradox, "A poor accountant, but good book-keeper." Our sponge only comes to borrow a few ideas; in fact, he would like the use of your brains for an hour, and although they may be busily occupied in earning bread for yourself and family, he cannot wait; he must get to his office by his office hour.

He has a very doubtful case; has made no diagnosis; has called into consultation the learned Professor A. or B., who has agreed with him entirely, and—taken his fee. But the case halts, and now he stops to administer the sugar-coated pill, "knowing that you have paid special attention to such subjects," "he would like your views"—which you are generally weak enough to give—and, with many thanks, and a teeming brain, the *sponge* retires, treats his patient successfully, with modest complacency accepts the credit and the amount of his bill, perhaps publishes his case, giving about ten dollars' worth of the former to the consultants, Professors A. or B., and ignores entirely the source of his ideas.

Shakespeare said, "There be land-rats and water-rats, land-thieves and water-thieves;" and a higher specialization of these would define those who steal your goods, and your reputation; but even he, myriad-minded as he was, had no conception of the thief of brains, the intellectual confidence operator, who boldly borrows your ideas to carry him through his difficulties, and hands you, in return, his bogus check, flattery and modest assurance.

This evil is serious. The practice deserves the denunciation and execration of all who respect themselves and their profession. There are physicians in this city who are daily subjected to this sort of extortion, either by personal application or by letter, from

men who, too ignorant or too indolent to form original opinions, and lacking the moral courage to acknowledge their own deficiencies to their patients, and to demand consultation—from which some other might derive professional and pecuniary benefit—meanly prefer to borrow the lion's skin wherewith to clothe the jackass. H.

The Philadelphia *Medical Times* thinks that the Commissioners of Charities and Correction in New York must have been influenced by the most weighty reasons in removing from their position on the staff of Bellevue Hospital, twelve of its nineteen members. We should think so, too, but would, in common with the majority of the profession of the whole world, be much gratified to know what those "weighty reasons" may be which are deemed sufficient to disqualify men like Hamilton, Flint, and their associates, to hold positions which, by the universal judgment of their own profession—best qualified to decide—they have held only to honor and adorn The time has arrived when members of the profession should decline any positions, dependent for their permanency and stability upon popular clamor, political machination or personal malice. If the staffs of all beneficiary institutions so governed should be vacated by their medical officers, there would then perhaps be a change in this regard. Just so long as physicians allow themselves to be used, just so long will they be abused. H.

We have received a circular from a manufacturing drug-house in one of the Eastern cities, in which the writer, inclosing a certificate, from an analytical chemist, of the purity of his preparation, modestly requests us to publish, in our "editorial columns," selected passages from the certificate, "with such comments as you "[we] may feel free to make, compressed in a dozen or more lines, "for which we will thank you, and be pleased to forward you any "quantity of samples of articles you may name on our list. "Very respectfully," etc.

We once remember to have found among some old papers a copy-book written by one of a past generation. in which to the oft-repeated maxim, "Modesty is a quality that adorns a woman," the school-boy, weary of reiteration, had appended, "and damns

a man." Surely the writer of the circular referred to must have arrived at the same conclusion. Should we comply with his request, we fear the editorial comments might not be such as would please him or increase the sale of his nostrums.

For such services, that is, the conversion of the JOURNAL into an advertising medium, we are to receive the thanks of the advertiser and as many samples of the advertised articles as we may desire. This we could not possibly afford. It is entirely too cheap. For a service altogether similar, we have been offered and refused five thousand dollars, and since then we have raised our price, which is equivalent to saying that the editorial pages of the JOURNAL are not for sale upon any terms. H.

For a long time past the amount of matter seeking publication in the columns of the JOURNAL has been in excess of its capacity. Almost every month valuable articles are returned to us by our publishers for want of space in which to print them, even after every expedient in the way of "solidification" has been resorted to to gain space. Some of this matter derives a large portion of its interest from its novelty, and would lose much, or all of its value, by delay. In order to accommodate still further our contributors, and its rapidly increasing subscription list, it has been decided to enlarge and otherwise improve the JOURNAL, from and after the close of the current year. This of course cannot be accomplished without increased expenditure of time, labor and money, for which there should necessarily be an adequate compensation. The subscription price of the JOURNAL will therefore be increased twenty-five per cent., that is, from three to four dollars per annum. We promise on our part a more than commensurate increase in the amount and value of its contents, and our publishers have given in advance, in the material, and in the typographical and mechanical excellence of the work, a guarantee of what they will do in the future. H.

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***Who is a Regular Physician?***

This was the question to be decided upon definitely by the Medico-Historical Society during this month. Those present at the meetings are not likely to forget them very soon. They were reminded too strongly of the "*Parturiunt montes nascetur ridiculus*

*mus ;*" and a very small mouse indeed was the final production of so much labor of so many eminent gentlemen! The grand idea conceived by the Society, to arrest the growing evil of quackery, has come into flesh—as a "Medical Register." This child will be pelted by a few, hated by some, neglected by many, and good for nothing after all. The reasons for it are obvious, if we look at the scale used for gauging the standing of a physician.

On August 20th, a printed list of physicians "who are in good and regular standing" was submitted to the Medico-Historical Society for final action. At the head of this list we read the following resolution:

"Any physician who shall by any advertisement, placard, handbill, circular, pamphlet, book, card, or any public means, announce himself or herself as possessing unusual or peculiar skill in any branch of medicine or surgery, or who shall assume any title not specially granted by a regularly chartered college, shall not be eligible to membership in this Society; and the name of such physician shall not be permitted to appear in the list of regular physicians published in the Chicago Medical Register; *Provided*, that a physician may be permitted to affix or connect with his or her name the title or designation of a specialty when he or she shall have ceased to do any practice not pertaining to such specialty, and not otherwise."—*Resolution adopted by the Chicago Medico-Historical Society, August* 2, 1874.

Now, if the especial publication of this resolution (which, by the way, does not contain anything that was not said in the old code of ethics) should mean anything, it was to set forth the most salient reasons for stamping a physician *regular* or *irregular*. And, indeed, "Has he a regular diploma?" and "Does he not advertise?" these were the two vital questions of the evening. If the candidate complied with these requirements (as construed by this arbitrary board), he passed as *regular*. He might violate the universal code of ethics of gentlemanly conduct; he might publicly slander eminent members of the profession; he might prescribe for a patient when he knew him to have another physician; he might occasionally be "interviewed" on sanitary questions, or on certain famous legs, and let the reporter tell the public all about the superior attainments of the learned doctor; he might have a card at the college building, announcing that the "Professor" treats certain diseases on certain days, gratis. All this is no advertising; it is done merely to enlighten the public. But woe for another who dared to enlighten the public, too! He was advertising, and ought to be stricken from the list. The definition of advertising is the most wonderful piece of rubber in existence; it can be stretched or contracted, just to suit the managers. For themselves they make liberal allowances, to let their lights shine before the public; but the *dis inferiorum gentium* shall rest on their "professional dignity," and let nobody know, through the printing press or otherwise, anything of their skill.

Now, has it ever degraded anybody to announce what he is

able to do, *as long as he can do it?* How, then, can a physician lower himself by announcing any peculiar skill, *as long as his actions prove him to possess it?* How should an honest advertisement injure the dignity of the profession? Because quacks fill the newspapers with boastful lies of wonderful cures, superior skill which they have not, therefore a regular physician must be silent. Because one man tells a lie, another man must not tell the truth. Is this logical reasoning? An educated doctor, who advertises honestly, is a quack no more than a quack who does not advertise is a regular physician.

You cannot eradicate quackery by such narrow-minded, unlogical restrictions as the code of ethics tries to force upon the regular physicians. And, because the Medical Register is founded on the dead letter of this code, it will be a failure; and, intended for distribution among physicians, it is a superfluous thing, because every physician, I trust, can soon enough find out for himself whether a certain doctor is an educated physician or a quack.

A "REGULAR."

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### *Quarantine and the Public Health.*

OFFICE OF THE SUPERVISING SURGEON,
U. S. MARINE-HOSPITAL SERVICE,
*Treasury Department, September* 9, 1874.

SIR:

I am instructed by the honorable the Secretary of the Treasury to submit for your consideration the accompanying copy of Circular No. 90, relating to the Duties of U. S. Officers with reference to Quarantine and the Public Health, and to solicit from you such information and suggestions touching the subject-matter thereof as may conduce to the greatest efficiency and harmony of action between State and municipal health authorities on the one hand, and the officers of the National Government upon the other.

To prevent—so far as his official action in this connection may prevent—the interruption of commercial intercourse, with the consequent stagnation of business and loss of revenue which uniformly result from the access of an epidemic of contagious disease, is, obviously, the object of the Circular of the honorable the Secretary, charged, as he is, with the protection and improvement of the financial and commercial interests of the country.

The intimate correlation of these interests to the sanitary interests of the people—with the conservation of which you are charged—renders direct and intelligent co-operation between the agents of these interests of the first importance. Whatever information and suggestions to this end it may be in your power to furnish, are therefore desired, and will be made the basis of specific instructions and action whenever practicable.

Copies of your health laws and regulations—State, municipal, and port; of instructions to port physicians, pilots, boarding officers, and others; of descrip-

tions of quarantine establishments, and of kindred published data, would be of immediate value, and may be forwarded direct to this office.

I have the honor to be, sir, your obedient servant,

JNO. M. WOODWORTH,
*Supervising Surgeon U. S. M. H. S.*

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DUTIES OF UNITED STATES OFFICERS WITH REFERENCE TO QUARANTINE AND THE PUBLIC HEALTH.

1874—Department No. 90—Secretary's Office.

TREASURY DEPARTMENT, Sept. 8, 1874.

In the absence of uniformity in the regulations of quarantine upon the Atlantic and Gulf Coasts, it is desirable that the several officers specifically placed under the direction of the Treasury Department by the subjoined Section of The Revised Statutes of the United States, inform themselves fully as to the local health-laws, and the regulations based thereon and in force at their respective ports and stations, and strict compliance with such laws and prompt assistance in the enforcement of the same, when directed by competent authority, are hereby enjoined, in accordance with the provisions of the following:

"SECTION 4792. The quarantines and other restraints established by the health laws of any State, respecting any vessels arriving in, or bound to, any port or district thereof, shall be duly observed by

The officers of the customs revenue of the United States, by

The masters and crews of the several revenue-cutters, and by

The military officers commanding in any fort or station upon the sea-coast; and all such officers of the United States shall faithfully aid in the execution of such quarantines and health-laws, according to their respective powers, and within their respective precincts, and as they shall be directed from time to time by the Secretary of the Treasury." * * *

[*The Revised Statutes of the United States, p.* 890.]

Officers of the Customs Revenue are referred, in this connection, to Articles 294, 295, *General Regulations under the Customs and Navigation Laws of the United States*, 1874, and are requested to bring the same to the notice of the proper local health authorities, attracting attention especially to the second and third paragraphs of Article 294.

Officers in command of vessels of the Revenue Marine are instructed that Article 904 of said *Regulations* is held to include communication with infected vessels as well as ports; and, in order to render more efficient assistance to local authorities in the enforcement of quarantine laws, as therein directed, will take the necessary steps to advise such authorities of these instructions.

The co-operation of the military forces will be applied for only after exhausting the other powers and authorities herein mentioned; such application to be made to this Department, with a full statement of the facts for the information of the Honorable the Secretary of War.

Medical officers of the U. S. Marine-Hospital Service will govern their official action in consonance with this circular and the law as above cited; and will at all times assist as freely as practicable, not only other officers of the Government, but the quarantine authorities, in the protection of the public health against

the introduction of contagious diseases. In furtherance of this end, they are instructed to communicate to the Supervising Surgeon, from time to time, such information and suggestions as will enable that officer to frame needful regulations, and to take intelligent action in cases of emergency.

B. H. BRISTOW,
*Secretary of the Treasury.*

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## *Chicago Mortality Report for August, 1874.*

MORTALITY IN MONTH OF AUGUST, 1874.

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| Accident, by burns | 4 | Dysentery, typhoid | 1 |
| " by being crushed | 2 | Empyema | 1 |
| " by fall | 5 | Enteritis | 37 |
| " by drowning | 13 | Entero colitis | 27 |
| " by lightning | 1 | Epilepsy | 3 |
| " run over by wagon | 1 | Exhaustion | 2 |
| " by suffocation | 1 | Erysipelas | 3 |
| " by shooting | 1 | Fever, congestive | 1 |
| " by railroad | 1 | " intermittent | 1 |
| Abscess, hip | 1 | " puerperal | 3 |
| " lumbar | 1 | " remittent | 4 |
| " cerebral | 1 | " scarlet | 11 |
| Anæmia | 1 | " typhoid | 28 |
| Apoplexy | 6 | Gastritis | 5 |
| Arachnitis | 3 | Gastro enteritis | 15 |
| Asthma | 2 | Heart, disease of | 7 |
| Atelectasis pulmonum | 3 | " fatty degeneration of | 3 |
| Bowels, congestion of | 2 | " rupture of | 1 |
| " obstruction of | 1 | " enlargement of | 1 |
| Brain, congestion of | 7 | " valvular disease of | 7 |
| " inflammation of | 14 | Hemiplegia | 1 |
| " softening of | 3 | Hepatitis | 3 |
| Bronchitis | 3 | Hernia | 2 |
| " capillary | 1 | Hydrophobia | 1 |
| Cancer of breast | 1 | Hydrocephalus | 16 |
| " of bowels | 1 | Hydrothorax | 1 |
| " of liver | 1 | Inanition | 39 |
| " of stomach | 5 | Illeo enteritis | 1 |
| " of uterus | 2 | " colitis | 1 |
| Cholera infantum | 406 | Intemperance | 2 |
| " morbus | 7 | Intussusception | 1 |
| Consumption | 43 | Influenza | 1 |
| Convulsions | 126 | Injury at birth | 1 |
| " puerperal | 2 | Kidneys, Bright's disease of | 3 |
| Cyanosis | 1 | Liver, disease of | 3 |
| Cystitis | 1 | " cirrhosis of | 1 |
| Cynanche trachealis | 1 | " fatty degeneration of | 1 |
| Debility, general | 13 | " hypertrophy of | 1 |
| Delirium tremens | 1 | Lungs, congestion of | 3 |
| Diarrhœa | 77 | " hemorrhage of | 1 |
| " chronic | 8 | " paralysis of | 1 |
| Diphtheria | 10 | Leuchæmia | 1 |
| Dropsy, general | 8 | Malformation | 1 |
| Dysentery | 19 | Menstrual suppression | 1 |

| | |
|---|---|
| Mania, puerperal | 1 |
| Measles | 2 |
| Meningitis | 20 |
| " cerebro-spinal | 13 |
| " tubercular | 5 |
| Mouth, canker sore of | 1 |
| Œdema pulmonum | 1 |
| Old age | 13 |
| Otitis | 1 |
| Paralysis | 2 |
| Parotitis | 1 |
| Pericarditis | 1 |
| Peritonitis | 4 |
| " puerperal | 1 |
| Pneumonia | 11 |
| Pleurisy | 2 |
| Pyæmia | 1 |
| Rheumatism, inflammatory | 1 |
| Sclerosis of spinal cord | 1 |
| Septicæmia | 1 |
| Small-Pox | 1 |
| Stomach, ulceration of | 1 |
| Stomatitis | 1 |
| Suicide, by drowning | 1 |
| " by laudanum | 1 |
| " by hanging | 1 |
| Tabes mesenterica | 23 |
| Teething | 9 |
| Teething and complications | 7 |
| Tetanus | 1 |
| Trismus | 1 |
| " nascentum | 1 |
| Tumor | 1 |
| Uterus, hemorrhage of | 2 |
| " degeneration of | 1 |
| Vitality deficient | 1 |
| Whooping cough | 21 |
| Total | 1,220 |
| Total | 65 |

Premature births, 7; Still births, 58.

COMPARISON.

| | |
|---|---|
| Deaths in month of August, 1874 | 1,220 |
| " " July, 1874 | 1,454 |
| Decrease | 234 |
| Deaths in month of August, 1873 | 1,423 |
| Decrease | 203 |

AGES.

| | | | | | |
|---|---|---|---|---|---|
| Under one year | | 567 | Forty years to fifty | | 41 |
| One year to two | | 309 | Fifty " " sixty | | 37 |
| Two years to three | | 24 | Sixty " " seventy | | 26 |
| Three " " four | | 14 | Seventy " " eighty | | 18 |
| Four " " five | | 7 | Eighty " " ninety | | 6 |
| Five " " ten | | 19 | Ninety " " one hundred | | |
| Ten " " twenty | | 29 | | | |
| Twenty " " thirty | | 56 | Total | | 1,220 |
| Thirty " " forty | | 67 | | | |
| Colored | 11 | | Males | 670 | |
| White | 1,209 | | Females | 550 | |
| Total | 1,220 | | Total | 1,220 | |

Married, 197; Single, 1023. Total 1,220

NATIVITIES, AUGUST, 1874.

| | | | |
|---|---|---|---|
| Belgium | 2 | Ireland | 58 |
| Bohemia | 4 | India | 1 |
| Canada | 7 | Italy | 2 |
| Native—Chicago | 154 | New Foundland | 1 |
| Foreign, " | 725 | Norway | 11 |
| United States, other parts | 107 | Nova Scotia | 1 |
| Denmark | 6 | Poland | 4 |
| England | 7 | Scotland | 3 |
| France | 1 | Sweden | 12 |
| Germany | 103 | Unknown | 10 |
| Holland | 1 | Total | 1,220 |

Deaths daily, 39⅓. Mean temperature, 72°. Rain fall, 3.15 inches.

MORTALITY BY WARDS, AUGUST, 1874.

| Wards. | No. Deaths. | Pop. in 1872. | Percentage. |
|---|---|---|---|
| 1 | 4 | 398 | one death in ---- |
| 2 | 8 | 2,174 | " " ---- |
| 3 | 23 | 19,157 | " " 833 |
| 4 | 21 | 16,832 | " " 801 |
| 5 | 39 | 18,564 | " " 476 |
| 6 | 125 | 31,371 | " " 251 |
| 7 | 143 | 27,644 | " " 193 |
| 8 | 120 | 30,253 | " " 252 |
| 9 | 77 | 30,032 | " " 390 |
| 10 | 24 | 16,624 | " " 693 |
| 11 | 33 | 18,340 | " " 556 |
| 12 | 42 | 20,876 | " " 497 |
| 13 | 36 | 14,636 | " " 406 |
| 14 | 42 | 15,892 | " " 378 |
| 15 | 170 | 40,047 | " " 235 |
| 16 | 69 | 19,099 | " " 278 |
| 17 | 71 | 17,513 | " " 246 |
| 18 | 66 | 19,977 | " " 302 |
| 19 | 7 | 2,944 | " " ---- |
| 20 | 18 | 5,023 | " " ---- |
| | 1,138 | Ratio of deaths to population in 1872, one death in 310. | |

| | | | |
|---|---|---|---|
| No. deaths in Wards | 1,138 | Home for Friendless | 1 |
| Accidents | 34 | Mercy Hospital | 3 |
| Bridewell | 1 | St. Joseph's " | 7 |
| County Hospital | 11 | St. Luke's " | 3 |
| Foundlings' Home | 12 | Suicides | 3 |
| Hospital Alexian Brothers | 5 | | |
| Hospital for Women and Child'n | 2 | Total | 1,220 |

***Erratum.***

On page 517 (September number), in the caption of Article II., before "Plym. S. Hayes, M.D.," read *Justin Hayes, M.D., and.*